Health Canada Santé Canada

Canada

Health Canada

2017-18

Departmental Plan

The Honourable Jane Philpott, P.C., M.P.

Minister of Health

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Minister's message

As Minister of Health, I am pleased to present Health Canada's plans and priorities for 2017-18. In the coming year, the Government will continue to work diligently to advance the Department's agenda on health priorities, which will help to ensure that Canadians maintain and improve their health and remain among the healthiest people in the world.

A key priority continues to be strengthening our publicly-funded universal health care system so that it can quickly adapt to new challenges. I am pleased that my discussions with my provincial and territorial colleagues about priorities under a new Health Accord this past year yielded results that will improve the quality and availability of care for Canadians. Several provinces and all of the territories have agreed to a Health Accord which has set aside $11B over ten years in targeted funding to improve home care services and infrastructure, as well as mental health services. The Government of Canada remains open to working with willing jurisdictions to deliver on these important investments. In addition, the federal government will invest in excess of $540M over five years to support work with provinces and territories in implementing more innovative models of care, such as digital health, better access to needed prescription drugs and more appropriate prescribing. I am convinced that by working together, we can make a real difference in the lives of Canadian families and adapt our health systems to better meet today's needs and those of the future.

A renewed relationship with Indigenous peoples remains a top priority for this Government and continues to be the foundation of our work with First Nations and Inuit communities. Continued progress by the First Nations and Inuit Health Branch to improve health services and develop innovative partnerships with First Nations and Inuit will be important to closing the Indigenous health gap.

Health Canada will continue to help Canadians lead healthier lives by introducing plain packaging for tobacco products, implementing tougher regulations on sodium and trans fats, restricting marketing of unhealthy foods and beverages to children, and modernizing food labels to support better informed food choices. In line with the Government's commitment to legalize, regulate and restrict access to cannabis to keep it out of the hands of youth, and to keep profits out of the hands of criminals, I will be supporting the introduction of effective, evidence-informed legislation on the legalization and regulation of cannabis for consideration by Parliament.

Our Government has already taken a number of concrete actions designed to combat the ongoing opioid crisis. We will continue to work towards decreasing the prevalence and harms of problematic substance use among Canadians. We have already taken concrete action to address this crisis including introducing an Opioid Action Plan, restoring harm reduction as a core pillar to Canada's drug policy, taking regulatory and legislative action to improve access to naloxone and streamline the application process for safe consumption sites. We also co-hosted an Opioid Conference and Summit to bring together partners from across the country to identify short and long term actions to address the current crisis.

As Minister of Health, I look forward to moving ahead on my key priorities in the coming year. By building a culture of collaboration and evidence-based decision-making, we will strengthen

health care, improve public health, and deliver better health outcomes for all Canadians. I am fully confident that Health Canada will successfully support me in delivering results for Canadians.

The Honourable Jane Philpott, P.C., M.P.
Minister of Health

Plans at a glance

Canadians are among the healthiest people in the world, living longer and enjoying more quality years in good health than ever before. The priorities, plans and initiatives that Health Canada will undertake in 2017-2018 will help to ensure that Canadians continue to maintain and improve their health. In support of the Government's commitment to achieving results for Canadians while using public funds responsibly, Health Canada is also pursuing innovative and experimental approaches to delivering its mandate as described in the Innovation and Experimentation part of the Operating Context section of this report.

Priority I: Support health system innovation.

A highly functioning health care system is vital to addressing the health needs of Canadians. Although health care delivery is primarily under provincial and territorial jurisdiction, the federal government has an ongoing role in providing financial support through fiscal transfers to the provinces and territories, maintaining the core principles of the *Canada Health Act*, and supporting health care innovation and collaboration across the country. Health Canada will contribute to improving the quality and sustainability of health care as the system continues to evolve in a context of technological and social changes, demographic shifts and fiscal pressures. The Government is engaging provinces and territories on multi-year health accord agreements as part of its commitment to ensure the health care system continues to evolve and innovate.

Key Supporting Initiatives

- Conclude multi-year health accord agreements with provinces and territories with a focus on improving home care and mental health services, as well as joint federal-provincial-territorial actions to lower the cost of prescription drugs and support more innovative models of care.
- Address priority health issues such as health system performance, home care, access to necessary prescription medication, through collaboration with stakeholders and key pan-Canadian organizations, and the management of grants and contribution programs.
- Address outstanding and emerging *Canada Health Act* issues through consistent interpretation and even-handed enforcement actions across Canada.

Priority II: Strengthen openness and transparency as modernization of health protection legislation, regulation and service delivery continues.

Health Canada's operating environment is constantly evolving. For example, the integrity of the global supply chain is changing; the speed of innovation continues to accelerate; and there is increased demand for greater openness and transparency. To address these challenges in the environment, and to help Canadians live healthier lives and protect them from unsafe food, products, and threats, Health Canada will continue its efforts with its partners at home and abroad to modernize regulatory frameworks and service delivery models and to strengthen openness and transparency. The Department will provide credible and timely information to

empower Canadians to make informed health decisions and support businesses' responsibility for the safety of their products.

Key Supporting Initiatives:

- Implement Health Canada's Regulatory Transparency and Openness Framework and Action Plan by informing and engaging Canadians on important health and safety issues, and by supporting consumer confidence through the provision of more information so that Canadians can see how the Department enables industry compliance and enforces regulatory rules. The Department will continue to work with industry to promote compliance and adopt strong safety standards.
- Implement the Healthy Eating Strategy as part of the Government of Canada's vision for a Healthy Canada. Under the Strategy, the Department will provide Canadians with tools such as modernized food labels to support them in making better informed food choices, create conditions for healthier food options that are lower in sodium and trans fats, and restrict marketing of unhealthy foods to children and revise Canada's Food Guide.
- Enact new legislation to address the risks and potential benefits of vaping, continue to work towards implementing plain packaging requirements for tobacco products, and implement a ban on menthol cigarettes to protect young Canadians from inducements to tobacco use.
- Continue to improve risk communication on pesticides in support of strengthening openness and transparency, as well as building public confidence.
- Work with the Departments of Justice and Public Safety and Emergency Preparedness towards the legalization and strict regulation of cannabis to keep it out of the hands of youth and to keep profits out of the hands of criminals.
- Work towards decreasing problematic substance use among Canadians by implementing the Government's modernized approach to problematic substance use, including the Action Plan on Opioid Misuse, which emphasizes harm reduction and public health, including considerations for the *Controlled Drugs and Substances Act*.

Priority III: Strengthen First Nations and Inuit health programming.

First Nations and Inuit Peoples continue to experience serious health challenges. In an effort to close the Indigenous health gap, Health Canada plays an important role in supporting the delivery of health programs and services for First Nations and Inuit. The Department works with partners on innovative approaches to strengthen access to health services, ensure better integration of those services and to encourage greater control and management of health care delivery by First Nations and Inuit to better respond to their own needs. In addition, Health Canada continues to work with partners to further the implementation of a First Nations and Inuit Health Strategic Plan which provides stronger coherence and direction for the Department's activities in this area, and demonstrates how the Department collectively contributes to improving health outcomes for First Nations and Inuit Peoples.

Key Supporting Initiatives

- Support a renewed nation-to-nation relationship with Indigenous Peoples, based on the recognition of rights, respect, co-operation, and partnership.
- Building upon Indigenous engagement through the Health Accord, modernize the continuum of First Nations and Inuit health services and address program resources, quality and accessibility gaps in an effort to ensure First Nations and Inuit have access to primary care, health promotion and health protection services.
- To ensure First Nations and Inuit have access to supplementary health benefits, support effective delivery of Non-Insured Health Benefits and advance the Joint Review Process.
- Improve availability of and access to high quality data to strengthen primary care and public health service delivery models and to better inform decision-making, performance measurement and reporting.
- Work with the Minister of Indigenous and Northern Affairs to update and expand the Nutrition North Program, in consultation with Northern communities.
- Address the Truth and Reconciliation Commission health recommendations, including mental wellness programming.

Priority IV: Recruit, maintain and foster an engaged, high performing and diverse workforce within a healthy workplace.

Health Canada's greatest strength is an engaged, empowered and well-equipped workforce with employees that have the competencies, tools and opportunities to succeed in the pursuit of excellence in program and service delivery. Two of the key priorities for the Government of Canada for 2017-18, as referenced in the Clerk's 23rd Annual Report to the Prime Minister on the Public Service of Canada, are respectful workplaces with a focus on mental health, and recruitment. Health Canada is achieving this by building a healthy, respectful and supportive work environment and by developing an engaged, high-performing and diverse workforce across Canada, which includes recruiting for the future.

Key Supporting Initiatives

- Continue to implement the Multi-Year Strategy for Mental Health and Wellness in the Workplace. Promote a corporate culture that supports workplace well-being, employment equity and healthy working relationships.
- Enable a culture of high performance through employee career development, Post-Secondary Recruitment, the Performance Management Initiative, and the Canada School of the Public Service learning model.
- Continue to support innovative employee engagement and change management activities through Blueprint 2020 and Public Service Employee Survey (PSES) related initiatives.
- In line with the Treasury Board *Policy on Results*, improve departmental performance measures in order to enhance the understanding of the results the Department seeks to achieve, does achieve, and the resources used to achieve them.

- Work towards the efficient integration of operational and financial information to better support decision-making, organizational performance and resource allocation.

For more information on Health Canada's plans, priorities and planned results, see the "Planned results" section of this report.

Raison d'être, mandate and role: who we are and what we do

Raison d'être

Health Canada regulates specific products and controlled substances, works with partners to support improved health outcomes for First Nations and Inuit, supports innovation and information sharing in Canada's health system to help Canadians maintain and improve their health, and contributes to strengthening Canada's record as a country with one of the healthiest populations in the world.

The Minister of Health is responsible for this organization.

Mandate and role

Health Canada is the federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances. The Department plays five core roles in order to deliver its mandate. In fulfilling these roles, Health Canada draws on its strengths as a science-based department, generating knowledge through the research, analysis and evaluations that it conducts partners in and supports. The Department also draws on the knowledge that is being generated around the world to inform decision making.

Core Roles

As a **leader/partner,** Health Canada administers the *Canada Health Act,* which embodies the key values and principles of Canada's publicly funded health care system.

The Department is also a **funder**, transferring financial resources to First Nations and Inuit organizations and communities to deliver community health services and provides grants and contributions to various organizations that reinforce the Department's health objectives. It also provides policy support for the Canada Health Transfer.

In addition, Health Canada is a **guardian/regulator,** playing a stewardship role that involves both protecting Canadians and facilitating the provision of products vital to the health and well-being of our citizens. The Department regulates and approves the use of thousands of products, including: biologics, consumer goods, foods, medical devices, natural health products, pesticides, pharmaceuticals, and toxic substances. Health Canada also delivers a range of programs and services in environmental health and protection and has responsibilities in the areas of problematic substance use, tobacco policy, workplace health and the safe use of consumer products. As well, Health Canada monitors and tracks diseases and takes action where required.

Health Canada is a **service provider** of supplementary health benefits to more than 849,000 eligible First Nations and Inuit to cover: pharmaceuticals, dental services, vision services, medical transportation, medical supplies and equipment, and mental health counselling. The Department supports the delivery of public health and health promotion services on-reserve and in Inuit communities. Health Canada also provides primary care services on-reserve in remote and isolated areas, where there are no provincial services readily available.

Lastly, Health Canada is an **information provider**. Through performing high quality science and research, we support policy development, regulate increasingly-sophisticated products and provide the services, information and management essential to affordable and world-class health care for Canadians. Through research and surveillance, we provide information that Canadians can use to maintain and improve their health.

For more general information about the Department, see the "Supplementary information" section of this report. For more information on the Department's organizational mandate letter commitments, see the Minister's mandate letter on the Prime Minister of Canada's website.[ii]

Funds organizations to promote innovation and best practices across Canada
Supports the delivery of healthcare to First Nations and Inuit
A partner in health for all Canadians
Sets and administers national principles so that quality healthcare is available to all Canadians
Regulates food, health and consumer products to keep Canadians safe

Operating context: conditions affecting our work

Health Canada operates in a complex and dynamic environment and faces many opportunities and challenges as it works to deliver results to Canadians by contributing to the achievement of ministerial and Government priorities. Many of these challenges are beyond the sole control of the Department and involve working with a range of partners, stakeholders and governments, both national and international. It is imperative that we deepen partnerships with these groups, including with Indigenous Peoples, based on recognition of rights, respect, cooperation and partnership.

Health care across Canada is changing at a rapid pace in order to keep up with demographic shifts, social changes, technological evolution and fiscal pressures. As a partner in the national health system, the Department is working with provinces and territories to conclude health accord agreements that will strengthen Canadian health care systems by, for example, making home care more available, prescription drugs more affordable, and mental health care more accessible.

The acceleration of scientific and technological innovation, globalization, and the complexity of the global supply chain are challenging the Department's ability to effectively regulate new, innovative and complex products, substances, food and emerging product categories. Many of these products and foods are coming from emerging economies, with varying degrees of regulatory oversight. Increasingly, the health and safety of Canadians is being influenced by issues beyond Canada's borders.

Health crises including the emergence of powerful illicit drugs resulting in a rapid rate of overdoses and deaths; mental health crises in some First Nations communities; and emerging health issues (e.g. the increasing prevalence of vaping) also present challenges to the Department, requiring it to respond to these issues in a timely and responsible manner while continuing to deliver on its day-to-day operations.

Canadians are expecting their Government to be more open and transparent and to effectively engage them in decision making. Health Canada works to provide Canadians with useful, high quality health information. Once the primary source of health information for Canadians, the Department is now one among many sources for Canadians who want immediate access to information. This information can be of varying scientific quality and accuracy and can present a challenge to the Department's efforts to reach Canadians, and also an opportunity to provide high quality, evidence-based health information that Canadians can use to make informed choices about their health.

Health Canada is also undergoing internal transformation in its performance measurement, evaluation and results functions and governance structures. The Department is currently implementing the *Policy on Results* which came into effect on July 1, 2016. The Policy aims to improve the achievement of results across government and to enhance the understanding of the results the Government seeks to achieve, does achieve, and the resources used to achieve them. While performance measurement is not new in the Department, the new Policy brings a renewed attention to it, and embeds a structure and processes to ensure that it is happening in a more systematic way with sharper focus on achieving results. The Policy also offers a more flexible and focused evaluation function that can provide strong evidence to support continuous improvement and resource allocation.

Cognizant of these challenges and mindful of the fiscal environment and the need for prudent management of taxpayers' dollars, Health Canada has taken steps to reassign resources to the policy and program approaches required to respond to the above-referenced challenges. For example, the Department has undertaken preliminary work to realign resources for the legalization and regulation of cannabis including the creation of the Cannabis Legalization and Regulation Branch to spearhead the work, in collaboration with the Department of Justice and the Department of Public Safety. The Department is looking to address gaps in regulatory programs, restore legislative and policy capacity, and ensure departmental financial sustainability. As a result, it will be better able to maintain its core operations and continue to advance innovation.

Innovation and Experimentation: how we plan to further foster creative thinking, the exchange of ideas and continuous improvement

Innovation and experimentation are critical to Health Canada's ability to meet its mandate in the face of rapidly evolving science, new trends in the marketplace, and the changing demands and expectations of Canadians. Consistent with the Government of Canada's commitment to support a more innovative federal public service, Health Canada will take concrete steps to further foster innovation and experimentation in the development of new policy; program and service delivery; and in its regulatory enforcement activities.

Specifically, over the coming fiscal year, the Department will take steps to incent innovation and experimentation in its work. This will include measures to more systematically consider innovative approaches to achieving regulatory, program and policy objectives; purposefully seeking out new and different perspectives, including through exposure to leading-edge outside thinkers; and providing seed funding to support departmental innovations with a view to test new ideas in a responsible way, with the possibility of scaling-up successes.

Key risks: things that could affect our ability to achieve our plans and results

With responsibilities as a regulator, health service and information provider, Health Canada engages in the ongoing monitoring of risks to ensure sound stewardship of organizational resources and to effectively deliver on results to Canadians. A well-defined governance structure has been established to effectively manage risk and equip the Department to respond proactively to change, uncertainty and opportunities. A key output of this annual exercise is the Corporate Risk Profile (CRP). The CRP, which is aligned with the Departmental Plan, sets out the key threats and opportunities that have the potential to affect the achievement of the Department's plans and results, and outlines the management strategies to address these risks, and benefit from these opportunities.

The integrated risk management approach at Health Canada enables the Department to define and understand its operating environment and the factors that drive risks and enable risk-informed decision-making. During the summer of 2016, the Department held a risk summit to assess the regulatory risks and inform the development of the corporate regulatory risk priorities for fiscal year 2017-18. In addition to this, senior management discussed the assessment results and the potential implications for other corporate risk priorities. The final conclusion was that the key external factors facing Health Canada remain generally unchanged from 2016-17.

These factors include evolving relationships between Indigenous partners and various levels of government, ongoing discussions around a new Health Accord, new innovative products, technologies, substances, foods and emerging product categories, unforeseen health crises, the speed of scientific and technological changes, changing demographics, and rapid access to a plethora of health-related information from numerous sources of varying scientific quality and accuracy.

These trends, while posing a challenge to the Department's regulatory and service delivery responsibilities, also represent an opportunity for Health Canada to modernize regulatory frameworks and service delivery models, provide more timely and consistent engagement on regulatory decisions, undertake needs-based investments in health services, continue efforts to strengthen openness and transparency, and further engage with international regulatory partners, provinces, and Indigenous partners.

The following table outlines the Department's key external corporate risks for 2017-18. It also includes proposed strategies to manage the risks and how they link to Health Canada's Program Alignment Architecture. Each risk is monitored to ensure that the associated risk response strategies are helping to reduce its potential impact on the Department's ability to deliver its mandate of helping Canadians maintain and improve their health.

Key Risks

1. Canadians will lose confidence in the safety of health and consumer products if Health Canada is not regarded as a trusted regulator and used as a credible source of information.			
Risks	**Risk response strategy**	**Link to the Department's Programs**	**Link to mandate letter commitments or to government-wide and departmental priorities (as applicable)**
The following risk elements have been identified: • Open and transparent regulatory information to Canadians.	**In response to this risk, Health Canada (HC) will:** • Expand the amount of regulatory health and safety information made available to Canadians in a simple and accessible way through the implementation of Health Canada's Regulatory Transparency and Openness Framework (RTOF). • Communicate achievements under the RTOF (with stakeholder participation, where possible).	• Program 2.1: Health Products • Program 2.2: Food Safety and Nutrition • Program 2.3: Environmental Risks to Health • Program 2.4: Consumer Product and Workplace Chemical Safety • Program 2.5: Problematic Substance Use (previously Substance Use and Misuse) • Program 2.6: Radiation Protection • Program 2.7 Pesticides Program	**Government Priority**: Open and Transparent Government. • **Organization Priority II:** Strengthen openness and transparency as modernization of health protection legislation, regulation and service delivery continues.
• Involvement of citizens and stakeholders in regulatory decision-making.	• Increase opportunities for Canadians and stakeholders to provide input to be considered during the regulatory process.	• See above.	
• Ability to communicate consistently with sufficient speed.	• Continue to implement a digital-first approach to inform, communicate and engage Canadians on Canada.ca and on approved Health Canada social media channels. • Make online information easier to find and use from any device, accessible	• See above.	

	and compliant with Web 2.0 requirements.		

2. Health Canada's ability to protect Canadians from the risks of products may be weakened due to the changing integrity of the global supply chain and the rapid pace of innovation.

Risks	Risk response strategy	Link to the Department's Programs	Link to mandate letter commitments or to government-wide and departmental priorities (as applicable)
The following risk elements have been identified: • Protect Canadians from the risks of products (in an innovative and globalized environment.	**In response to this risk, HC will:** • Collaborate with international regulatory organizations, and align where appropriate with foreign regulators. • Develop oversight strategies and tools to strengthen market surveillance and oversight of emerging products. • Increase the use of regulatory and non-regulatory activities that address changing business models in the supply chain, specifically for foreign sites.	• Program 2.1: Health Products • Program 2.2: Food Safety and Nutrition • Program 2.3: Environmental Risks to Health • Program 2.4: Consumer Product and Workplace Hazardous Materials • Program 2.6: Radiation Protection • Program 2.7: Pesticides	• **Organization Priority II:** Strengthen openness and transparency as modernization of health protection legislation, regulation and service delivery continues.

3. Health Canada's ability to ensure continuous delivery of health services in First Nations communities may be at risk due to a lack of quality maintenance and timely repairs of health facilities.

Risks	Risk response strategy	Link to the Department's Programs	Link to mandate letter commitments or to government-wide and departmental priorities (as applicable)
The following risk elements have been identified: Equipment and Aging Physical Infrastructure.	**In response to this risk, HC will:** Prioritized funding, through the Long Term Capital Plan (LTCP) process, to address	Program 3.3: Health Infrastructure Support for First Nations and Inuit.	**Organization Priority III:** Strengthen First Nations and Inuit health programming.

	high priority capital repairs. Implement an inspection schedule for nursing stations in First Nations communities Support the construction, renovation and/or repair of First Nations community health facilities		
4. Health Canada's ability to ensure continuous quality health services in First Nations communities may be at risk due to limited availability of nursing capacity.			
Risks	**Risk response strategy**	**Link to the Department's Programs**	**Link to mandate letter commitments or to government-wide and departmental priorities (as applicable)**
The following risk elements have been identified: • Adoption of Electronic Tools and Systems.	**In response to this risk, HC will:** • Continued effort towards integration of federal/provincial e-health tools in order to improve access to and delivery of health services. • Continue to implement the Nursing Recruitment and Retention Strategy.	• Program 3.1: First Nations and Inuit Primary Care • Program 3.2: Supplementary Health Benefits for First Nations and Inuit. Program 3.3: Health Infrastructure Support for First Nations and Inuit.	• **Organization Priority III:** Strengthen First Nations and Inuit health programming.
• Insufficient Workforce Capacity.	• Undertake a review of and track mandatory training requirements for nurses. • Work with provinces and Regional Health Authorities to increase local access to physicians for First Nations living in remote and isolated communities. • Continue the modernization of clinical practice guidelines to support remote nursing services.		

• Sustainability and predictability of programs.	• Continue to implement primary care reform in remote and isolated First Nations communities.		

Next Steps

Health Canada will complete the development of its 2017-18 CRP and continue to promote the application of risk management throughout the organization. The objective is to be comprehensive, systematic, proactive and adaptive in response to strategic and operational uncertainties.

In addition, as Health Canada transitions to a new planning and reporting framework, the Department will continue to focus on strengthening risk indicators and improving risk response monitoring and reporting, thereby further solidifying accountability and facilitating more effective, results-based reporting on progress towards effectively managing the priority risks.

Planned results: what we want to achieve this year and beyond

Programs

Strategic Outcome 1: A health system responsive to the needs of Canadians

Program 1.1 Canadian Health System Policy

Description

The Canadian Health System Policy program provides strategic policy advice, research, and analysis to support decision-making on health care system issues, as well as program support to provinces and territories, partners, and stakeholders on health care system priorities. Mindful of equity, sustainability, and affordability, Health Canada collaborates and targets its efforts in order to support improvements to the health care system such as better access, quality, and integration of health care services. Through the management of grants and contributions agreements with key pan-Canadian health partners, the Canadian Health System Policy program contributes to priority health issues requiring national leadership and strong partnership. The program objective is to support improvement in the health care system to help Canadians maintain and improve their health.

> The federal government must be an essential partner in improving outcomes and quality of care for Canadians. Our health care system provides Canadians with peace of mind, but we need to make the investments necessary to ensure it can continue to evolve and innovate.

Planning highlights

In addition to the expected results identified in the program description above, work under this program will also contribute to meeting Health Canada's priority of supporting health system innovation. The Department will also work to uphold the *Canada Health Act*.

As part of this program and in its efforts to help Canadians have better health care, Health Canada will undertake the following key initiatives in 2017-18:

- In line with Ministerial and Departmental priorities, work in partnership with provincial and territorial Governments to conclude multi-year health accord agreements, with a focus on home care and mental health services, prescription drugs and more innovative models of care.
- Continue to monitor provincial and territorial health care insurance plans and work with provinces and territories to address possible

> "In recognition of the importance of mental health and wellness, the Government of Canada is taking action to help Canadians create resilient communities that are supportive of mental well-being. This includes working with provincial and territorial governments, Indigenous Peoples, community partners, and other stakeholders to address the stigma attached to mental health issues, and to improve access to quality mental health services."
>
> — The Rt. Hon. Justin Trudeau, Prime Minister of Canada

compliance issues.

- Conduct research, analysis and policy work on health care system issues such as health expenditures and funding, home care, palliative and end-of-life care, aging and disease patterns, mental health, quality of care, health care innovation and health technology, in support of the Departmental mandate, especially the new Health Accord priorities.
- Continue to support organizations contributing to health system improvements, including:
    - Advance digital health innovation and implement Budget 2016 funding announcement ($50M over two years) for Canada Health Infoway to collaborate with jurisdictions and stakeholders to develop an e-prescribing system and scale tele-homecare projects.
    - Continue annual support of $14.25M for the Mental Health Commission of Canada to advance specific priorities in the area of mental health.
    - Provide $47.5M in funding to the Canadian Partnership Against Cancer Corporation to continue its work on key health issues in cancer control.
    - Support the Canadian Institute for Health Information with a contribution of $78.7M to deliver comparable and actionable information to accelerate improvements in health care, health system performance and population health across the continuum of care.
    - Provide strategic management of the $16.1M contribution agreement for the Canadian Agency for Drugs and Technologies in Health (CADTH). On December 31, 2106 CADTH will complete its independent evaluation for 2012-2016. Key findings and recommendations from the report centre around CADTH's strategic direction, optimizing its product and service offerings and enhancing its performance measurement capacity.
    - Provide up to $25.7M per fiscal year to address federal priorities under the Health Care Policy Contribution Program, which include health care system innovation, palliative and end-of-life care.
    - Support the Canadian Patient Safety Institute's efforts to improve the safety of health care with $7.6M in 2017-18 and conduct an evaluation of Health Canada's investment under the 2013-2018 contribution agreement with the Institute.
    - Work with the Canadian Foundation for Healthcare Improvement in support of its mandate to accelerate health care improvement and transformation, drawing from the $53M in new funding provided to it in Budgets 2015 and 2016.
    - Support for brain research through the Canada Brain Research Fund, whereby non-federal Government resources raised by the Brain Canada Foundation will be matched by Health Canada, up to $120M by 2020.

For more information on the Minister's mandate letter commitments, see the Prime Minister of Canada's Website.

Planned Results

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
Recipients contribute to improvements in the health care system.	% of recipients demonstrating a contribution to health care system improvements. (Baseline TBD)	100	March 31, 2018	N/A*	N/A*	N/A*

* Actual results are not available given that expected results and/or performance indicator methodology have changed over the specified fiscal years in support of continuous improvements to reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board *Policy on Results*.

Budgetary financial resources (dollars)

2017-18 Main Estimates	2017-18 Planned Spending	2018-19 Planned Spending	2019-20 Planned Spending
297,012,268	297,012,268	270,905,619	208,897,987

Note: The decrease in planned spending in 2018-19 is mainly due to the expiry of budgetary spending authorities for Canada Health Infoway and the Canadian Foundation for Healthcare Improvement. The Department would have to request funding for these initiatives for future years.

The decrease in planned spending in 2019-20 is mainly due to the expiry of budgetary spending authorities for the Multi-Year Contribution Agreement to establish the Canada Brain Research Fund, and the Mental Health Commission of Canada. The Department would have to request funding for these initiatives for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (full-time equivalents [FTEs])

2017-18 Planned FTEs	2018–19 Planned FTEs	2019–20 Planned FTEs
238	238	238

Program 1.2 Specialized Health Services

Description

The Specialized Health Services program supports the Government of Canada's obligation to protect the health and safety of its employees and the health of visiting dignitaries. Health Canada delivers counselling, organizational development and critical incident support services to federal government departments through a network of contracted mental health professionals and also provides immediate response to employees following traumatic incidents in the workplace. Health Canada delivers occupational health and occupational hygiene consultative services to ensure that public servants meet medical requirements to safely and effectively perform their duties and to prevent work related illness and injury. Health Canada pro-actively contributes to reducing the number of work days lost to illness across the federal government through the provision of occupational and psycho-social health services to federal public servants. Health Canada also arranges for the provision of health services for Internationally Protected Persons (IPP) who have come to Canada for international events, such as meetings or official visits by Government leaders or the Royal Family. IPPs are representatives of a State, usually Heads of State and/or Government, members of the Royal Family, or officials of an international organization of an intergovernmental character. The program objective is to ensure continuity of services and the occupational health of federal public servants who can deliver results to Canadians in all circumstances and to arrange health services for IPPs.

Planning highlights

To ensure continuity of service delivery to Canadians, Health Canada will continue to innovate to support the Government of Canada's obligation to protect the health of its employees. More specifically, the Department will undertake the following key initiatives in 2017-18:

- Work to enhance the suite of services offered through the Employee Assistance Program (EAP).
- The Public Service Occupational Health Program will update the Occupational Health Assessment Guide (OHAG) to establish bona fide occupational requirements, including cognitive and psychological requirements, for each occupational group in the federal public service within the OHAG, enabling Health Canada to continue to provide high quality occupational health services.
- Support the Government of Canada's international obligation to protect the health of Internationally Protected Persons, by providing mandated essential and emergency health services to those attending the G7 Summit in June 2018.

Planned results

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
Federal employees are able to manage their psycho-social issues during	% of clients that achieve problem resolution within the Employee	75	March 31, 2018	94.8	95	98

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
and immediately following, stressful or traumatic events.	Assistance Services short term counselling model. (Baseline TBD)					
Reduced absenteeism in the workplace for employees who access employee assistance services.	% reduction in absenteeism in the 30 days that follow an employee's last EAP session versus the prior 30 days. (Baseline TBD)	25	March 31, 2018	43.5	43.8	41
Internationally Protected Persons (IPPs) have timely Health Plans available for emergency medical services and appropriate food surveillance services when they are in Canada.	% of Health Plans delivered to client departments at least 24 hours prior to the visit. (Baseline TBD)	95	March 31, 2018	93	99	94

Budgetary financial resources (dollars)

2017-18 Main Estimates	2017-18 Planned Spending	2018-19 Planned Spending	2019-20 Planned Spending
18,326,068	18,326,068	18,325,867	18,325,874

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017–18 Planned FTEs	2018–19 Planned FTEs	2019–20 Planned FTEs
255	255	255

Program 1.3 Official Language Minority Community Development

Description

The Official Language Minority Community Development program involves the administration of Health Canada's responsibilities under Section 41 of the *Official Languages Act*. This Act commits the federal government to enhance the vitality of official language minority communities and foster the full recognition and use of English and French in Canadian society. This program includes: consulting with Canada's official language minority communities on a regular basis; supporting and enabling the delivery of contribution programs and services for official language minority communities; reporting to Parliament and Canadians on Health Canada's achievements under Section 41; and, coordinating Health Canada's activities and awareness in engaging and responding to the health needs of official language minority communities. The program objectives are to improve access to health services in official language minority communities and to increase the use of both official languages in the provision of health care services. This program uses funding from the following transfer payment: Official Languages Health Contribution Program.

Planning highlights

As part of this program and in support of improving access to health services in the minority official language communities and increasing the use of both official languages in the provision of health care services, Health Canada will undertake the following key initiatives in 2017-18:

- Ensure that Health Canada programs that provide services at a community level are supportive and inclusive of English and French linguistic minorities across Canada and programs that are pan-Canadian or provided across large regions of the country are fully bilingual in accordance with the requirements of the *Official Languages Act*.
- Apply analysis of findings from public consultations, surveys and the "Evaluation of the Official Languages Health Contribution Program 2012-2013 to 2014-2015" in the renewal of this program as well as Health Canada's 2013-2018 Action Plan for the Implementation of Section 41 of the Official Languages Act.
- Continue to provide funding to community-based organizations, governments and academic institutions to improve access to health services for English-speaking communities in Quebec and French-speaking communities elsewhere in Canada, including:
    - Providing $ 6.2M to the *Société Santé en français* and $5.3M to the Community Health and Social Services Network to operate 36 community-based health networks across Canada to engage English and French-speaking minority communities in improving their health circumstances.
    - Providing $18M to the *Consortium national de formation en santé* and its member institutions for French-language health programs in colleges and universities

outside Quebec, and $4M to McGill University to offer language training to healthcare staff members to better serve English-speaking communities in Quebec.

- Providing $3.2M to Government and community organizations over the 2014-2018 period to implement innovative health services access projects with the *Association canadienne française de l'Alberta (Régionale de Calgary)*, the Association of Faculties of Medicine of Canada, AMI-Quebec Action on Mental Illness, the Ottawa Cancer Foundation, the *Centre communautaire Sainte-Anne*, the *Fédération des parents du Manitoba*, and Health Prince-Edward-Island.

Planned results

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
Official Language Minority Communities have access to health care services in the official language of their choice.	% of healthcare professionals who successfully complete Health Canada funded training programs. (Baseline TBD)	70	March 31, 2018	N/A*	N/A*	73
	% of program trained health professionals who are retained. (Baseline TBD)	86	March 31, 2018	86	87	75**

* Actual results are not available given that expected results and/or performance indicator methodology have changed over the specified fiscal years in support of continuous improvements to reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board *Policy on Results*.

** Reflects the employment in French linguistic minority communities (outside Quebec) of graduates from 100 French language health programs in postsecondary institutions outside of Quebec.

Variance in target achieved is due to methodology change. The new method includes in its denominator program trained professionals who pursue higher education/training in health-related programs (post-secondary, speciality, etc.) or other professions rather than work in the healthcare system (application of previous method would result in a 92% retention rate).

Budgetary financial resources (dollars)

2017-18 Main Estimates	2017-18 Planned Spending	2018-19 Planned Spending	2019-20 Planned Spending
35,328,730	35,328,730	35,328,730	35,328,730

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
10	10	10

Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians

Program 2.1 Health Products

Description

The *Department of Health Act*, and the *Food and Drugs Act and Regulations* provide the authority for Health Canada to develop, maintain, and implement a regulatory framework associated with a broad range of health products that affect the everyday lives of Canadians, including pharmaceutical drugs, biologics and radiopharmaceuticals, medical devices, and natural health products. Health Canada verifies that the regulatory requirements for the safety, quality, and efficacy of health products are met through risk assessments, including monitoring and surveillance, compliance, and enforcement activities. In addition, Health Canada provides evidence-based, authoritative information to Canadians and key stakeholders, including health professionals such as physicians, pharmacists, veterinarians and natural health practitioners, to enable them to make informed decisions. The program objective is to ensure that health products are safe, effective, and of high quality for Canadians.

Planning highlights

In addition to the expected results identified above, work under this program will also contribute to meeting Health Canada's priority of strengthening openness and transparency as modernization of health protection legislation, regulation and service delivery continues. Planned activities will also help to ensure that Canadians maintain confidence in the safety of health and consumer products. A number of evaluations of regulatory programs in 2013 noted that the role for Health Canada was clear and the Department's activities reduce risks and optimized benefits to Canadians. More information is provided in the section on key risks of this report.

As part of its ongoing efforts to modernize its approach to regulating health products and to meet the healthcare system needs, Health Canada will:

- Examine the medical devices review process to consider the best way to respond to rapid innovation.
- Work more collaboratively with the Canadian Agency for Drugs and Technologies in Health and with international regulators.
- Strengthen and clarify the regulatory framework governing assisted human reproduction in Canada by bringing into force the outstanding sections of the *Assisted Human Reproduction Act* pertaining to safety of donor semen and ova, reimbursement and compliance and enforcement as well as drafting supporting regulations, as required.

- Continue to work with stakeholders and consumers to develop a new approach for consistent and aligned regulation of self-care products (cosmetics, natural health products, and non-prescription drugs.
- Continue to work with stakeholders to improve the stewardship of medically important antimicrobial drugs used in veterinary medicine and livestock production. Departmental efforts in this area are in part taken to address the recommendations made in the Office of the Auditor General 2015 Spring Report on Antimicrobial Resistance.

> "Antimicrobial drugs are very important in both human and veterinary medicine to treat infections. Health Canada's proposal to strengthen the rules around the use of these drugs in livestock is one step we are taking to address the growing public health problem of antimicrobial resistance and to ensure that these drugs remain effective in the years to come."
>
> The Honourable Jane Philpott
>
> Minister of Health

- Continue to improve monitoring and surveillance activities. To that end, Health Canada will consult on an approach for mandatory reporting of serious adverse drug reactions and medical device incidents by healthcare institutions. These activities are aiming to improve safety for Canadians through availability of better information about the safety of drugs and medical devices, as well as enabling a better understanding of the benefit/harm profile of marketed health products.
- Continue to develop and implement an enhanced Foreign Site Inspection Program. Activities include:
    - Conducting foreign on-site inspections including joint inspections conducted with international regulators such as the United States, Australia, and the United Kingdom.
    - Increasing program agility through inspector training.
    - Risk-based adjustment to domestic inspection schedule to allocate resources to areas of highest risk; and continue work on developing site risk profiles.
    - Development and implementation of the electronic Compliance and Enforcement System Information Technology (eCES - IT) for use by all inspectors.
    - Increased transparency and openness through near real-time inspection reporting.

Planned results

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
Health products available to Canadians on the Canadian market are safe, effective,	% of regulated parties who are deemed to be in compliance with the *Food and Drugs Act* and its	95*	March 31, 2018	98	97	96

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
and of high quality.	associated Regulations. (Baseline 97)					

* The target (i.e. 95%) was established based on a review of historical trends and analysis and represents what the program believes it can realistically achieve after year. The baseline (i.e. 97%) was populated with actual performance data. In cases where the baseline is higher than the target, it means that results were higher than expected and/or higher than historically achieved.

Budgetary financial resources (dollars)

2017-18 Main Estimates	2017-18 Planned Spending	2018-19 Planned Spending	2019-20 Planned Spending
147,322,313	147,322,313	147,770,952	146,970,903

Note: The increase in planned spending in 2018-19 is mainly due to a 2% annual increase in user fees related to the Human Drugs and Medical Devices program.

The decrease in planned spending in 2019-20 is mainly due to the expiry of budgetary spending authorities related to the Genomics Research and Development and the Bovine Spongiform Encephalopathy Initiatives. The Department would have to request funding for these initiatives for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
1,974	1,983	1,989

Note: The increase in planned FTEs is mainly due to a 2% annual increase in user fees related to the Human Drugs and Medical Devices program.

Program 2.2 Food Safety and Nutrition

Description

The *Department of Health Act* and the *Food and Drugs Act* provide the authority for Health Canada to develop, maintain, and implement a regulatory framework associated with the safety and nutritional quality of food. Food safety standards are enforced by the Canadian Food Inspection Agency. Health Canada develops and promotes evidence-based, national healthy eating policies and standards for Canadians and key stakeholders, including non-governmental organizations, health professionals, and industry associations to enable all stakeholders to make informed decisions about food and nutrition safety as well as healthy eating. The program objectives are to manage risks to the health and safety of Canadians associated with food and its consumption, and to enable Canadians to make informed decisions about healthy eating.

Planning highlights

In addition to the expected results identified in the program description above, efforts under this Program will support the ministerial priority of helping Canadians to make healthier food choices as well as Health Canada's focus on strengthening openness and transparency as modernization of health protection legislation, regulation and service delivery continues. Planned activities will also help to ensure that Canadians maintain confidence in the safety of health and consumer products. More information is provided in the section on key risks of this report.

> Health Canada is consulting on innovative ways to present nutrition information on food labels, such as front-of-pack labelling, to help Canadians make healthy choices on sugars, sodium and saturated fat.

To address Ministerial priorities over the next two years, Health Canada will continue to implement the Healthy Eating Strategy as it builds a future where better food environments enable Canadians to make healthier eating choices as part of a healthy lifestyle. More specifically, the Department will:

- Seek input from provinces and territories, stakeholders and the general public to inform the revision of the Canada Food Guide into targeted products to communicate relevant, consistent and credible dietary guidance to Canadians.
- Work to restrict the commercial marketing of unhealthy foods and beverages to kids.
- Seek feedback and input from the public and stakeholders on a proposed front-of-package labelling approach aimed at helping Canadians make healthier and more informed choices, particularly on sugars, sodium and saturated fats.
- Assess the food industry's progress on sodium reduction efforts to date and engage stakeholders, including restaurants and foodservice establishments, on setting new or updated sodium reduction targets.

Health Canada remains committed to responsible regulation-making, taking into account costs and benefits as well as realistic implementation periods. There will be information progress reports and evaluations of the public health impact of collective actions against key indicators. For example, an evaluation will be conducted on the Food Safety Program in 2017-18. In 2015-16, an evaluation was completed for the Nutrition Policy and Promotion Program.

For more information on the Minister's mandate letter commitments, see the Prime Minister of Canada's Website.

Planned results

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
Policies, standards and guidelines exist that protect Canadians from identified risks in the Canadian food supply.	% of current and emerging high risk food safety issues which generate the development of either a regulatory or a non-regulatory response. (Baseline 100)	100	March 31, 2018	N/A*	N/A*	N/A*

* Actual results are not available given that expected results and/or performance indicator methodology have changed over the specified fiscal years in support of continuous improvements to reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board *Policy on Results*.

Budgetary financial resources (dollars)

2017-18 Main Estimates	2017-18 Planned Spending	2018-19 Planned Spending	2019-20 Planned Spending
67,881,855	67,881,855	67,333,133	67,174,417

Note: The decrease in planned spending in 2018-19 is mainly due to a transfer from the Canadian Food Inspection Agency to support the improvement of food safety expiring at the end of the 2017-18 fiscal year.

The decrease in planned spending in 2019-20 is mainly due the expiry of the budgetary spending authorities related to the Bovine Spongiform Encephalopathy initiative. The Department would have to request funding for these initiatives for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
602	598	591

Note: The decrease in planned FTEs in 2018-19 is mainly due to a transfer from the Canadian Food Inspection Agency to support the improvement of food safety expiring at the end of the 2017-18 fiscal year.

The decrease in planned FTEs in 2019-20 is mainly due to the expiry of the budgetary spending authorities for the Bovine Spongiform Encephalopathy initiative. The Department would have to request funding for this initiative for future years.

Program 2.3 Environmental Risks to Health

Description

The *Canadian Environmental Protection Act* 1999 and the *Department of Health Act* provide the authorities for the Environmental Risks to Health program to assess and manage the health risks associated with climate change, air quality, drinking water quality, and new and existing substances. This program activity links closely with Health Canada's Health Products, Food Safety and Nutrition, Consumer Product Safety and Pesticides program activities, as *the Food and Drugs Act*, the *Pest Control Products Act*, and the *Canada Consumer Product Safety Act* provide the authority to manage the health risks associated with substances in products in the purview of these program activities. Key activities include: risk assessment and management as well as research and bio monitoring of substances; provision of technical support for chemical emergencies that require a coordinated federal response; development of guidelines on indoor and outdoor air quality; development and dissemination of water quality guidelines; and provision of expert support related to environmental assessments and contaminated sites. The program objective is to protect the health of Canadians through the assessment and management of health risks associated with environmental contaminants, particularly substances, and to provide expert advice and guidelines to Canadians and government partners on the health impacts of environmental factors such as air and water contaminants and a changing climate.

Planning highlights

In addition to the expected results identified in the program description above, work under this program will also contribute to meeting Health Canada's priority of strengthening openness and transparency as modernization of health protection legislation, regulation and service delivery continues. Planned activities will also support the management of risks around the safety of products related to the changing integrity of the global supply chain and the rapid pace of innovation, as described in the section on key risks of this report.

In partnership with Environment and Climate Change Canada in order to support the implementation of the Chemicals Management Plan (CMP), Health Canada will undertake the following key initiatives in 2017-18:

- Conduct risk assessments of existing substances, according to the Two-Year Rolling Risk Assessment Publication Plan, in order to meet public commitments regarding the publication of Screening Assessment Reports of chemicals identified as priorities under the CMP.

- Conduct risk assessments on approximately 500 new substances (including products of biotechnology, nanomaterials, and new substances in products regulated under the *Food and Drugs Act*) as well as existing *Food and Drugs Act* substances found on the revised In Commerce List that are identified as priorities under the CMP.
- Identify the potential human health risks associated with chemical substances identified under the CMP, through research, monitoring and surveillance (which includes bio-monitoring), actively address these risks by publishing risk management scopes, approaches and instruments for existing substances harmful to human health, as well as developing any needed risk management measures for new substances, and continue (as per the 2015-16 internal evaluation) efforts to review the effectiveness of implemented risk management measures.
- Undertake engagement and outreach activities with industry, experts, non-government organizations and the public to support involvement in the program and raise awareness of the risks and safe use of substances.
- Release the Fourth Report on Human Biomonitoring of Environmental Chemicals in Canada, which presents national biomonitoring data on the Canadian population's exposure to chemicals, collected as part of the Canadian Health Measures Survey.

> **"We are working – today and every day – to protect the health of our environment, and with it, the health of all Canadians."**
>
> — The Rt. Hon. Justin Trudeau, Prime Minister of Canada

The program will also provide expert advice, guidance and tools to partners on the health impacts of environmental factors such as indoor and outdoor air pollution, drinking water quality and a changing climate, as well as expert advice and oversight in support of activities associated with federal contaminated sites under the Federal Contaminated Sites Action Plan, and projects undergoing federal environmental assessments under the *Canadian Environmental Assessment Act*. For 2017-18, Health Canada will undertake the following key initiatives:

- Continue to support implementation of the Air Quality Management System, including supporting development of new Canadian Ambient Air Quality Standards for nitrogen dioxide and continue the ongoing review of the 2020 standards for fine particulate matter and ozone.
- Conduct research and assessments in support of actions to address indoor and outdoor air pollutants, with the goal of driving continuous improvement in air quality and in the health of Canadians.
- Continue to increase awareness among Canadians of the health impacts of air pollution, and actions they can take to reduce them, through the Air Quality Health Index.
- Develop or update health-based drinking water quality guidelines/guidance documents in collaboration with federal/provincial/territories partners, intended for use by all jurisdictions in Canada as the basis for their regulatory requirements, to help ensure the safety of drinking water in Canada.
- Work with the Public Health Agency of Canada to develop and promote the Drinking Water Advisory application on the Canadian Network for Public Health Intelligence Platform, a secure application that provides Canadian jurisdictions with a tool to track and communicate drinking water advisories.

- Conduct research and analysis to increase the knowledge, capacity, and tools on climate change and health risks. Health Canada will provide technical advice and guidance to support communities to enhance, develop or implement evidence-based adaptation measures to protect health from extreme heat events.

For more information on the Minister's mandate letter commitments, see the Prime Minister of Canada's Website.

Planned results

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
Canadians and Government partners have the guidance they need to respond to potential and actual environmental health risks.	% of planned guidance materials made available. (Baseline 93)	100	March 31, 2018	93	90	83
Substances deemed to be harmful to human health are risk managed according to the *Canadian Environmental Protection Act* (CEPA) (1999) and other "Best Placed Acts".*	% of planned risk management actions taken under CEPA (1999) for new substances. (Baseline 96)	100	March 31, 2018	100	100	100
	% of planned risk management actions taken under CEPA (1999) or another Act for existing substances. (Baseline 96)	100	March 31, 2018	92	67	100

*"Best Placed Acts" refers to an approach that allows for the management of toxic substances under whichever Act is "best suited" to manage a substance, given its uses and exposures of concern.

Budgetary financial resources (dollars)

2017-18 Main Estimates	2017-18 Planned Spending	2018-19 Planned Spending	2019-20 Planned Spending
96,356,868	96,356,868	88,905,975	87,880,503

Note: The decrease in planned spending in 2018-19 is mainly due to funding level decreases for the Federal Contaminated Sites Action Plan, and the Clean Air Regulatory Agenda, and the expiry of budgetary spending authorities related to the Federal Infrastructure initiative. The Department would have to request funding for this initiative for future years.

The decrease in planned spending in 2019-20 is mainly due to funding level decreases for the Federal Contaminated Sites Action Plan; and the expiry of budgetary spending authorities for the Genomics Research and Development Initiatives. The Department would have to request funding for this initiative for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
720	683	682

Note: The decrease in planned FTEs in 2018-19 is mainly due to funding level decreases for the Federal Contaminated Sites Action Plan, and the Clean Air Regulatory Agenda; and the expiry of budgetary spending authorities related to the Federal Infrastructure initiative. The Department would have to request funding for this initiative for future years.

Program 2.4 Consumer Product and Workplace Hazardous Materials

Description

The Consumer Product Safety and Workplace Hazardous Materials programs support efforts to protect Canadians from unsafe products and chemicals. The Consumer Product Safety program supports industry's responsibility for the safety of their products under the authorities of the *Canada Consumer Product Safety Act* (CCPSA) and the *Food and Drugs Act* (FDA) and its Cosmetic Regulations. In addition, the program supports consumers' responsibility to make informed decisions about product purchase and use. Health Canada's efforts are focussed in three areas: active prevention; targeted oversight; and, rapid response. The *Hazardous Products Act and the Hazardous Materials Information Review Act* provide the authorities for the Workplace Hazardous Materials program to maintain a national hazard communication standard of cautionary labelling and safety data sheets for hazardous chemicals supplied for use in Canadian workplaces and to protect related confidential business information. The program objectives are to identify, assess, manage and communicate health or safety risks to Canadians associated with consumer products and cosmetics, as well as to communicate the hazards of workplace chemicals.

Planning highlights

In addition to the expected results identified in the program description above, work under this program will contribute to meeting Health Canada's priority of strengthening openness and transparency as modernization of health protection legislation, regulation and service delivery continues. The Department will do so by ensuring health risks and benefits associated with consumer products and workplace chemicals are appropriately managed and communicated to Canadians. Planned activities will help to ensure that Canadians maintain confidence in the safety of consumer products, and that new risks related to the changing integrity of the global supply chain and the rapid pace of innovation are effectively managed, as described in the section on key risks of this report.

As part of the program, Health Canada will undertake the following key initiatives in 2017-18:

- Continue to elaborate on the authorities under the *Canada Consumer Product Safety Act* (CCPSA) which provides Health Canada with a robust set of tools to engage in active prevention, targeted oversight and rapid response to address dangers to human health or safety that are posed by consumer products.
- Continue to identify and develop regulatory priorities and policy frameworks to help industry understand and comply with its obligations under the CCPSA including amendments to the regulations for playpens and for corded window coverings.
- Continue to implement the Globally Harmonized System (GHS) of Classification and Labelling of Chemicals by supporting the objectives under the Regulatory Cooperation Council Joint Forward Plan, Phase Two, for workplace chemicals in Canada and the United States.
- Continue to strengthen international relationships by collaborating on consumer product safety issues through the Cooperative Engagement Framework with the United States and Mexico, and through the continued implementation of the action plan with China; and participate in the United Nations Sub-Committee of Experts on the Globally Harmonized System of Classification and Labelling of Chemicals (UNSCEGHS) to further the GHS implementation.
- Modernize and implement the Department's approach to compliance and enforcement for consumer products, including the continued implementation of the Cyclical Enforcement Plan, to detect and mitigate health and safety risks to Canadian consumers.
- Continue to use a risk-based approach to provide timely and credible health and safety information to Canadians, including using social media, to support informed decisions on the safe selection and use of consumer products and cosmetics.

Planned results

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
Risks associated with consumer	% of non-compliant products identified	85*	March 31, 2018	97	96	85

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
products and cosmetics in the Canadian marketplace are managed.	through the Cyclical Enforcement Plan and incident reporting, for which risk management actions are completed within service standards. (Baseline 97)					
Suppliers are compliant with Canadian WHMIS 2015 requirements.	% of Safety Data Sheets (SDS) that are compliant as reviewed by Health Canada. (Baseline Year 2017-18)	Baseline year 2017-18	March 31, 2018	N/A**	N/A**	N/A**

* The target is 85%; however, for 2013-14 the baseline result was 97%. The program will consider changing the target to be more reflective of the baseline after receiving two to three years data to better understand the annual trend.

** Actual results for previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board *Policy on Results*.

Budgetary financial resources (dollars)

2017-18 Main Estimates	2017-18 Planned Spending	2018-19 Planned Spending	2019-20 Planned Spending
38,015,185	38,015,185	38,010,419	38,010,583

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
305	305	305

Program 2.5 Problematic Substance Use (previously Substance Use and Misuse)

Description

Under the authority of several Acts, this program regulates tobacco products and controlled substances. Through the *Tobacco* Act and its regulations the program regulates the manufacture, sale, labelling and promotion of tobacco products. The program leads the Federal Tobacco Control Strategy, the goal of which is to further reduce the prevalence of smoking through regulatory, programming, educational and enforcement activities. Through the *Controlled Drugs and Substances Act and its regulations*, the program regulates access to controlled substances and precursor chemicals to support their legitimate use and minimize the risk of diversion for illicit use. As the lead for the Canadian Drugs and Substances Strategy, the program supports prevention, health promotion, treatment initiatives, harm reduction, and enforcement with the goal of reducing problematic substance use, including problematic prescription drug use. In addition, the program provides timely, evidence based information to key stakeholders including, but not limited to, law enforcement agencies, health professionals, provincial and territorial Governments and Canadians. The program objective is to minimize risks to the health of Canadians associated with the use of tobacco products, and the illicit use of controlled substances and precursor chemicals.

Planning highlights

In addition to the expected results identified in the program description above, efforts under this program will contribute to meeting Health Canada's priority on strengthening openness and transparency as modernization of health protection legislation, regulation and service delivery continues. The program will continue to modernize its drug policy to address the complex issue of problematic substance use, overdose and death, and will continue to take a collaborative, comprehensive, and evidence-based approach in this regard. Building on its successes, the Department will work to deliver on upstream prevention, supporting treatment and harm reduction, and targeting reduced problematic substance use, including initiatives to address problematic prescription drug use. Planned activities will also support the effective management of risks related to the changing integrity of the global supply chain and the rapid pace of innovation, as described in the section on key risks of this report.

Through the administration of the *Controlled Drugs and Substances Act* and its regulations, the program provides policy guidance and regulates the possession, production, provision and disposition of controlled substances and precursor chemicals. For 2017-18, Health Canada will undertake the following key initiatives:

- Continue to implement Health Canada's Opioid Action Plan announced in June 2016, and updated in the Joint Statement of Action to Address the Opioid Crisis signed at the Opioid Summit in Ottawa on November 19, 2016. The plan focuses on key areas where the Department can provide leadership on the opioid crisis, while continuing to work with its partners to address the issue from multiple angles. The plan includes: better informing Canadians about the risks of opioids; supporting better prescribing practices; reducing easy access to unnecessary opioids; supporting better treatment options for patients; and enhancing the evidence base upon which policy decisions are made.

- Support a sustainable, modern regulatory regime for controlled substances that meets the needs of Canadians now and into the future through ongoing regulatory review and the continued administration of the *Controlled Drugs and Substances Act*. Under this regime, the Department will continue to take a stronger risk lens for the program, in order to facilitate the identification of approaches to respond to emerging trends. Further, Bill C-37, which supports the new strategy and was introduced in the House of Commons on December 12, 2016, is designed to better equip both health and law enforcement officials to reduce the harms associated with problematic substance use in Canada. These proposed amendments support Health Canada's Opioid Action Plan.
- As part of a harm reduction approach, support other jurisdictions (for example, cities and regional health services) to understand the regulatory requirements for supervised consumption sites. Evidence has shown that, when properly established and maintained, supervised consumption sites can save lives and improve health without increasing drug use or crime in the surrounding area. Health Canada will continue to follow an evidence-based approach to assessing applications for supervised consumption sites.
- Continue to address problematic prescription drug use, including the implementation of a risk-based inspection approach for pharmacies, to minimize the potential diversion of pharmaceuticals for illicit use.
- Continue the multi-year implementation of a new information system for controlled substances.
- Work with the Department of Justice Canada and the Department of Public Safety Canada towards the legalization, regulation and restriction of access to cannabis, a ministerial priority.
- Continue to implement the Access to Cannabis for Medical Purposes Regulations.
- Through its Substance Use and Addictions Program (SUAP), provide $26.3M annually to support evidence-informed and innovative initiatives across the substance use continuum of care, from health promotion and prevention to harm reduction and treatment for licit and illicit substances, including alcohol, cannabis and prescription drugs. This includes support for the Canadian Centre on Substance Abuse (CCSA).

> Health Canada will support the introduction of effective, evidence-informed legislation around the legalization and regulation of cannabis for consideration by Parliament in the spring of 2017. We are committed to strictly regulating, and restricting access to cannabis to keep it out of the hands of youth and to keep profits out of the hands of criminals.

Health Canada will also undertake initiatives that contribute to protecting Canadians, particularly young people, from the health consequences of nicotine addiction and tobacco use. These initiatives reflect ongoing ministerial priorities, including the introduction of plain packaging requirements, the introduction of legislative framework for vaping products, a ban on menthol cigarettes and the modernization of the Federal Tobacco Control Strategy. In support of these expected results, Health Canada will undertake the following key initiatives in 2017-18 to strengthen Canada's tobacco control framework:

- Continue to work towards the implementation of plain packaging requirements on all tobacco products to reduce the appeal of these products.

- Enact new legislation to address the risks and potential benefits of vaping products. Legislation was introduced in the House of Commons in the fall of 2016.
- Consult with Canadians on proposed labelling and reporting regulations for the new vaping regime.
- Initiate compliance, promotion, monitoring and enforcement actions for the new vaping regime once the legislation comes into force.
- Implement a ban on menthol cigarettes to protect young Canadians from inducements to tobacco use. A regulatory package was pre-published in the Canada Gazette, Part I for consultation in the fall of 2016. Develop a modernized, long-term Federal Tobacco Control Strategy to in consultation with stakeholders and Canadians continue helping Canadians reduce their use of tobacco, a ministerial priority. Beginning in 2018-19, Health Canada will implement a comprehensive modernized Federal Tobacco Control Strategy that is informed by the 2016-17 internal evaluation and will continue to lay the foundation for success in tobacco control in Canada.

For more information on the Minister's mandate letter commitments, see the Prime Minister of Canada's Website.

Planned results

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
Decrease in current tobacco prevalence.	% of Canadians (aged 15+) who have used tobacco products (including cigarettes) in the past 30 days. (Baseline 15)	<15*	March 31, 2018	17.	17	N/A**
	% of Canadians students (grades 7-12) who have used any tobacco products (including cigarettes) in the past 30 days. (Baseline 14)	<12	March 31, 2018	14***	12	12****
Decrease in illicit drug use among Canadians.	% of Canadians (aged 15+) who report	<11	March 31, 2018	11	11	N/A**

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
	using at least one of 6 illicit drugs (cannabis, cocaine or crack, speed, ecstasy, hallucinogens or heroin). (Baseline 11)					
	% of Canadians (grades 7-12) who report using at least one of 6 illicit drugs (cannabis, cocaine or crack, speed, ecstasy, hallucinogens or heroin). (Baseline 21)	<21	March 31, 2018	22	25	25****

Note: Unless otherwise specified, the sources of data are the Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) and the Canadian Tobacco, Alcohol and Drugs Survey (CTADS).

* The targets for this program are all lower than the baselines because the objective is to decrease the percentage of Canadians who smoke and/or use illicit drugs; therefore, lower targets are desirable.

**Data is currently under revision by Statistics Canada after an error was detected that could affect some of the estimates. For more information, please contact: Client Services, Special Surveys Division[iii].

*** Source: Youth Smoking Survey (YSS).

****CSTADS and CTADS are biennial. This number refers to last year's survey. New data will be available for CSTADS in 2016-17.

Budgetary financial resources (dollars)

2017-18 Main Estimates	2017-18 Planned Spending	2018-19 Planned Spending	2019-20 Planned Spending
88,941,061	88,941,061	87,966,715	85,813,203

Note: The decrease in planned spending is mainly due to a funding level decreases for activities related to preventing problematic prescription drug use.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
415	415	404

Note: The decrease in planned FTEs is mainly due to a funding level decreases for activities related to preventing problematic prescription drug use.

Program 2.6 Radiation Protection

Description

The *Department of Health Act*, the *Radiation Emitting Devices Act*, and the *Comprehensive Nuclear Test Ban Treaty Implementation Act* provide the authority for the Radiation Protection program to monitor, regulate, advise, and report on exposure to radiation that occurs both naturally and from man-made sources. In addition, the program is licensed under the *Nuclear Safety and Control Act* to deliver the National Dosimetry Service, which provides occupational radiation monitoring services. The key components of the program are environmental and occupational radiation monitoring, management of inter organizational plans, procedures, capabilities and committees for a nuclear emergency that requires a coordinated federal response, delivering a national radon outreach program, and regulation of radiation emitting devices. The program objective is to inform and advise other Canadian government departments, collaborate with international partners, and inform Canadians about the health risks associated with radiation, and strategies to manage the associated risks.

Planning highlights

In addition to the expected results identified in the program description above, efforts under this program will contribute to meeting Health Canada's priority on strengthening openness and transparency as modernization of health protection legislation, regulation and service delivery continues. Planned activities will also support the effective management of risks related to the changing integrity of the global supply chain and the rapid pace of innovation, as described in the section on key risks of this report.

As part of the Radiation Protection program, Health Canada will undertake the following key initiatives in 2017-18:

- As part of the Federal Nuclear Emergency Plan, participate in nuclear emergency trainings, drills and exercises and/or reviews according to agreed exercise calendars and coordinate with federal, provincial and international partners including clarifying roles with the Canadian Nuclear Safety Commission as per the 2015-16 internal evaluation, to ensure emergency preparedness plans are ready for execution in the event of a nuclear emergency.
- Maintain and ensure all Comprehensive Nuclear-Test-Ban Treaty monitoring stations and laboratory capabilities are operational and maintain and operate national radio-nuclear monitoring stations according to agreed maintenance schedules, and reporting results.
- Provide advice to other government departments, industry and the general public about the health risks associated with radiation and radiation-emitting devices by conducting

research, communicating results as per the 2015-16 internal evaluation and developing and/or amending regulations, guidelines and standards.

- Inform Canadians, through outreach and engagement activities, about the health risks posed by radon in indoor air and how to reduce those risks, including by supporting the "National Radon Action Month" in November 2017, as part of an annual collaborative multi-stakeholder radon outreach campaign.
- Provide radiation monitoring services on a cost-recovery basis to workers occupationally exposed to radiation.
- Operate the National Dose Registry to track and analyze occupational radiation exposure and report to regulatory authorities, workers, and other stakeholders.

Planned results

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
Canadians, Institutions and Government partners have the guidance they need to respond to potential and actual radiation risk.	% of targeted guidance documents accessed by Canadians, Institutions and Government partners. (Baseline to be set in March 2017)	100	March 31, 2018	N/A*	N/A*	N/A*

* Actual results for previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board *Policy on Results*.

Budgetary financial resources (dollars)

2017-18 Main Estimates	2017-18 Planned Spending	2018-19 Planned Spending	2019-20 Planned Spending
18,294,915	18,294,915	12,757,653	12,757,665

Note: The decrease in planned spending is mainly due to the expiry of budgetary spending authorities for the Clean Air Regulatory Agenda Initiative. The Department would have to request funding for this initiative for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
202	184	184

Note: The decrease in planned FTEs is mainly due to the expiry of budgetary spending authorities for the Clean Air Regulatory Agenda Initiative. The Department would have to request funding for this initiative for future years.

Program 2.7 Pesticides

Description

The *Pest Control Products Act* provides Health Canada with the authority to regulate and register pesticides, under the Pesticides program. In the delivery of this program, Health Canada conducts activities that span the lifecycle of a pesticide, including: product assessment for health and environmental risks and product value; risk management; post market surveillance, compliance and enforcement; changes in use, cancellation, or phase out of products that do not meet current standards; and, consultations and public awareness building. Health Canada is also an active partner in international efforts (e.g., North American Free Trade Agreement; Organisation for Economic Cooperation and Development, Regulatory Cooperation Council) to align regulatory approaches. These engagements provide access to the best science available to support regulatory decisions and promote consistency in the assessment of pesticides. The program objective is to protect the health and safety of Canadians relating to the use of pesticides.

Planning highlights

As well as continuing to maintain quality service delivery standards and meet performance expectations in support of Pest Management Regulatory Agency's (PMRA) regulatory framework and the Pesticide's program core regulatory activities identified above, efforts under this program will contribute to Health Canada's 2017-18 priority on strengthening openness and transparency as modernization of health protection legislation, regulation and service delivery continues.

As part of this program, Health Canada will undertake the following key initiatives in 2017-18:

- Implement the outreach and engagement strategy with stakeholders, partners and the Canadian Public on pesticide regulation in order to reduce and respond to risks to Canadians.
- Continue to modernize PMRA's regulatory framework by reviewing, updating, and publishing the draft amendments to the Pest Control Product Regulations.
- Continue to modernize the Pesticide Program's IM/IT infrastructure through

Health Canada is committed to helping Canadians make informed decisions about the products they buy and use, including pesticides. By providing information from pesticide manufacturers in a publicly searchable way, the Pest Control Registrant Inspections Database can also help Canadians gain a better understanding of how Health Canada conducts inspections and what actions the Department takes if requirements are not being met.

continued advancement of the project to modernize the ePRS, Health Canada's principal e-tool for the management of pesticide regulation.

Planned results

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
Industry meets the Canadian regulatory requirements for new pesticides.	% of submissions that meet regulatory requirements. (Baseline 90)	80	March 31, 2018	75	94	92
Pesticides in the marketplace continue to meet modern scientific standards.	% of re-evaluations initiated for registered pesticides according to the Re-evaluation Work Plan. (Baseline 90)	80	March 31, 2018	80	86	100
International collaboration is leveraged to maximize access to global science for the risk assessment of pesticides.	% of new pesticides reviewed in collaboration with international partners. (Baseline 90)	80	March 31, 2018	100	100	100

Budgetary financial resources (dollars)

2017-18 Main Estimates	2017-18 Planned Spending	2018-19 Planned Spending	2019-20 Planned Spending
39,983,502	39,983,502	36,761,642	36,761,717

Note: The decrease in planned spending is mainly due to the expiry of budgetary spending authorities for Growing Forward 2. The Department would have to request funding for this initiative for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
489	464	464

Note: The decrease in planned FTEs is mainly due to the expiry of budgetary spending authorities for Growing Forward 2. The Department would have to request funding for this initiative for future years.

Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status

Program 3.1 First Nations and Inuit Primary Health Care

Description

The *Department of Health Act 1996* and the *Indian Health Policy* (1979) provide the authority for the delivery of the First Nations and Inuit Primary Health Care program to First Nations and Inuit in Canada. Primary health care includes health promotion and disease prevention, public health protection (including surveillance), and primary care (where individuals are provided diagnostic, curative, rehabilitative, supportive, palliative/end of life care, and referral services). The Department administers contribution agreements and direct departmental spending related to child development, mental wellness and healthy living, communicable disease control and management, environmental health, clinical and client care, as well as home and community care. The program objective is to improve the health and safety of First Nations and Inuit individuals, families, and communities.

It is time for a renewed, nation-to-nation relationship with Indigenous Peoples, based on recognition of rights, respect, co-operation, and partnership.

Planning highlights

In addition to the expected results identified in the program description above, efforts under this program will contribute to meeting Health Canada's priority on strengthening First Nations and Inuit health programming in order to close the health gap. Planned activities will also support continuous delivery of quality health services in First Nations communities which may be at risk due to limited availability of nursing capacity, as described in the section on key risks of this report.

As part of this program, Health Canada will undertake the following key initiatives in 2017-18:

- Implement proactive measures to ensure service access and enhance service coordination for First Nations children so that they receive the care and support they need.

Since November 2015, the Government of Canada has lifted 18 long-term drinking water advisories in First Nations communities, and is on track to have nearly half of remaining advisories eliminated within three years. The Government will lift all drinking water advisories in First Nations communities within its original five-year deadline.

- Improve the monitoring and testing of on-reserve community drinking water and review of water and wastewater projects. Based on the recommendations in the 2016 *Evaluation of the Health Canada's First Nations and Inuit Health Branch's Environmental Public Health Program* to enhance coordination and collaboration at the community, regional and national level in addressing and mitigating complex environmental health risks, Health Canada will also continue to work with Indigenous and Northern Affairs Canada (INAC) and First Nations partners to develop strategic approaches toward infrastructure investments and long-term drinking water advisories.
- Support the full implementation of the Nutrition North Canada Nutrition Education Initiatives to the First Nations and Inuit communities that were newly added in 2016-17 and support engagement on updates to the Nutrition North Canada program.
- Continue to support problematic substance use prevention and treatment, and promote mental wellness and suicide prevention in First Nations and Inuit communities. Work will include an update of the Health Canada culturally relevant and accessible health promotion material on mental health topics such as violence against women and suicide prevention. These planned initiatives are consistent with findings from the 2016 *Evaluation of First Nations and Inuit Mental Wellness Programs*, which recommended that Health Canada enhance its efforts in building community capacity to deliver effective and quality services to address problematic substance use, suicide and other mental health issues and increase community resilience.
- Ongoing implementation of the interim mental wellness investment, including: increasing the number of communities supported by additional local Mental Wellness Teams; additional training to enhance the capacity of existing community based workers; and, ongoing support for Mental Health Crisis Intervention Teams, the First Nations and Inuit Hope for Wellness Help Line, and the implementation of the Inuit Tapiriit Kanatami's National Inuit Suicide Prevention Strategy. These efforts help fill gaps in the continuum of services, which was also identified as an area requiring attention in the 2016 *Evaluation of the First Nations and Inuit Mental Wellness Programs*. Implementation of the interim mental wellness investment responds to the evaluation recommendation to focus on addressing gaps in the continuum of care and support community capacity, including applying community-driven approaches more broadly, such as those used to expand Mental Wellness Teams. The evaluation also noted that Mental Wellness Teams have been effective in integrating culture and achieving significant results in greater access to specialized services.
- Continue to support the delivery of modern, sustainable, quality health care programs and services in remote and isolated First Nations communities.
- Complete evaluations for the First Nations and Inuit Clinical and Client Care Program and the First Nations and Inuit Home and Community Care Program.

For more information on the Minister's mandate letter commitments, see the Prime Minister of Canada's Website.

Planned Results

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
First Nations and Inuit are healthy and safe.	% of First Nations (FN) living on reserve and Inuit adults reporting being in excellent or very good health. (Baseline FN 44.1 Inuit 42.2)	45*	March 31, 2018	FN: 44.1 Inuit: 42.2	FN: 44.1 Inuit: 42.2	FN: 44.1 Inuit: 42.2
	% of First Nations and Inuit who reported being injured in the past 12 months. (Baseline FN 16.4 Inuit 18.6)	15**	March 31, 2025	N/A***	N/A***	N/A***
	Life expectancy of First Nations. (Baseline FN Males 70.4 FN Females 75.4)	FN Males 71.2 FN Females 76.2	March 31, 2025	N/A***	N/A***	N/A***

* The percentage of First Nations living on reserve who rate their health "excellent" or "very good" has increased by 10% since 2002-03. Achievement of this target (i.e. 45%) will represent an additional increase of 2%. The percentage of Canadians overall who rate their health as "excellent" or "very good" has remained relatively stable over the same period, at around 57%. Health Canada continues to work with partners to aim for the best health system and health outcomes for First Nations and Inuit. In some instances, annual targets do not represent the desired final outcome, but rather interim targets based on the best evidence available that Health Canada can monitor progress, on an annual basis. Health Canada continues to monitor trends over time to support refinement of its targets and improved performance measurement.

** The target is lower than the baseline as the objective is to decrease the percentage of FNI who report being injured in the last 12 months; therefore, a lower target is desirable.

*** Actual results are previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board *Policy on Results*.

Budgetary financial resources (dollars)

2017-18 Main Estimates	2017-18 Planned Spending	2018-19 Planned Spending	2019-20 Planned Spending
1,099,570,276	1,099,570,276	1,009,855,421	851,627,796

Note: The decrease in planned spending in 2018-19 is mainly due to the expiry of budgetary spending authorities for the Clinical and Client Care component of the funding to support First Nations and Inuit health programs and services; Indian Residential Schools Settlement Agreement; and the First Nations Water and Wastewater Action Plan. The Department would have to request funding for these initiatives for future years.

The decrease in planned spending in 2019-20 is mainly due to the expiry of budgetary spending authorities for Jordan's Principle - A Child-First Initiative and the Immediate Mental Wellness Interventions and Service Enhancements Initiative. The Department would have to request funding for these initiatives for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
1,436	1,346	1,321

Note: The decrease in planned FTEs in 2018-19 is mainly due to the expiry of budgetary spending authorities for the Clinical and Client Care component of the funding to support First Nations and Inuit health programs and services; Indian Residential Schools Settlement Agreement; and the First Nations Water and Wastewater Action Plan. The Department would have to request funding for these initiatives for future years.

The decrease in planned FTEs in 2019-20 is mainly due to the expiry of budgetary spending authorities for Jordan's Principle - A Child-First Initiative and the Immediate Mental Wellness Interventions and Service Enhancements Initiative. The Department would have to request funding for these initiatives for future years.

Program 3.2 Supplementary Health Benefits for First Nations and Inuit

Description

Under the Supplementary Health Benefits for First Nations and Inuit program, the Non-Insured Health Benefits (NIHB) Program provides registered First Nations and recognized Inuit residents in Canada with a specified range of medically necessary health-related goods and services, which are not otherwise provided to eligible clients through other private or provincial/territorial programs. NIHB include: pharmaceuticals; medical supplies and equipment; dental care; vision care; short term crisis intervention mental health counselling; and, medical transportation to access medically required health services not available on reserve or in the community of residence. The NIHB Program also pays health premiums on behalf of eligible clients in British Columbia (BC) (as of July 2013, NIHB no longer pays premiums for First Nations residents of BC, who became clients of the First Nations Health Authority in accordance with the BC Tripartite Health Agreement and sub agreements). Benefits are delivered through registered, private sector health benefits providers (e.g., pharmacists and dentists) and funded through NIHB's electronic claims processing system or through regional offices. Some benefits are also delivered via contribution agreements with First Nations and Inuit organizations and the territorial Governments in Nunavut and Northwest Territories. The program objective is to provide benefits in a manner that contributes to the improved health status of First Nations and

Inuit. This program uses funding from the following transfer payment: First Nations and Inuit Supplementary Health Benefits.

Planning highlights

In addition to the expected results identified in the program description above, efforts under this program will contribute to meeting Health Canada's priority on strengthening First Nations and Inuit health programming in order to close the Indigenous health gap.

As part of this program, Health Canada will undertake the following key initiatives in 2017-18:

- Finalize the Joint Review process in collaboration with Assembly of First Nations (AFN).
- Develop and implement benefit-specific actions plans to improve client access to non-insured health benefits, in accordance with recommendations from Joint Reviews with First Nations and Inuit partners.
- Work with the AFN and the Inuit Tapiriit Kanatami to strengthen partner engagement and enhance communication with First Nation and Inuit clients and communities regarding benefit access and coverage.
- Continue to monitor and undertake surveillance of prescription drug use and prescribing patterns, placing restrictions on opioids and other drugs of concern, and measuring the impact of interventions.
- Provide claims processing services in the pharmacy, medical supplies and equipment, and dental benefits to support the implementation of the British Columbia Tripartite Framework Agreement on First Nation Health Governance and act as a claims adjudicator and claims processing service provider to the British Columbia First Nations Health Authority as a transitional measure.

For more information on the Minister's mandate letter commitments, see the Prime Minister of Canada's Website.

Planned results

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
First Nations and Inuit have access to non-insured health benefits.	% of eligible First Nations and Inuit population who accessed at least one Non-Insured Health Benefit. (Baseline 71.2)	72	March 31, 2018	70.8	71.2	72
	% of eligible First Nations and Inuit clients	71	March 31, 2018	N/A*	N/A*	N/A*

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
	accessing defined preventative dental services per year which includes scaling and fluoride applications. (Baseline 70.6)					
Dental Predetermination Centre (DPC) requests are handled within 10 days service standard.	% of DPC requests handled within 10 days service standard. (Baseline 90)	95	March 31, 2018	N/A*	N/A*	N/A*

* Actual results are previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board *Policy on Results*.

Budgetary financial resources (dollars)

2017-18 Main Estimates	2017-18 Planned Spending	2018-19 Planned Spending	2019-20 Planned Spending
1,238,036,465	1,238,036,465	1,181,106,370	1,182,623,653

Note: In Budget 2013, the Government committed to stable funding and growth for supplementary health benefits for First Nations and Inuit. The total amount is confirmed annually based on the prior year's spending reported in the Public Accounts of Canada plus a growth factor. Therefore, the 2018-19 and 2019-20 planned spending amounts will be adjusted and confirmed through a future Estimates process.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
460	460	460

Program 3.3 Health Infrastructure Support for First Nations and Inuit

Description

The *Department of Health Act* (1996) and the *Indian Health Policy* (1979) provide the authority for the Health Infrastructure Support for First Nations and Inuit program to administer contribution agreements and direct departmental spending to support the delivery of health programs and services. The program promotes First Nation and Inuit capacity to design, manage, deliver, and evaluate health programs and services. To better meet the unique health needs of First Nations and Inuit individuals, families, and communities, this program also supports: innovation in health program and service delivery; health governance partnerships between Health Canada, the provinces, and First Nation and provincial health services; and, improved integration of First Nation and provincial health services. The program objective is to help improve the health status of First Nations and Inuit people, to become comparable to that of the Canadian population over the long term. The program objective is to help improve First Nations and Inuit capacity to influence and/or control the delivery of health programs and services to First Nations and Inuit individuals, families and communities.

Planning highlights

In addition to the expected results identified in the program description above, efforts under this program will contribute to meeting Health Canada's priority on strengthening First Nations and Inuit health programming in order to close the Indigenous health gap. Planned activities will also support continuous delivery of quality health services in First Nations communities which may be at risk due to a lack of quality maintenance and timely repairs of health facilities as well as limited availability of nursing capacity, as described in the section on key risks of this report.

As part of this program, Health Canada will undertake the following key initiatives in 2017-18:

- Continue to support long-term service transformation through regional initiatives to: improve the integration of federally-funded health services in FNI communities with those of provinces and territories; build partnerships to advance health service integration; and increase First Nations and Inuit participation in the delivery of health services towards devolution.
- Support community health infrastructure through the ongoing implementation of Long-Term Capital Plans and the investments announced in Budget 2016 to undertake renovations and repairs to health facilities on reserve as part of the Social Infrastructure Fund.

> Health Canada is committed to meaningful investments in First Nations and Inuit communities across the country that will provide the building blocks necessary for happy and healthy lives, such as clean water and improvements for nursing stations."

- Support the implementation of tele-health sites, increase the level of connectivity in communities and support the implementation of mobile electronic medical/health records and mobile health technologies in communities.
- Revise the Community Health Planning Guide, with partners, which will include training materials and training sessions to support its implementation. This activity supports the findings of the 2016 Evaluation of the First Nations and Inuit Health Branch's Health Planning and Quality Management Activities, which indicated a need to strengthen

processes and tools to increase the capacity of First Nations and Inuit communities to design, manage, and deliver health programs and services.

For more information on the Minister's mandate letter commitments, see the Prime Minister of Canada's Website.

Planned results

Expected Results	Performance Indicators	Target	Date to Achieve Target	Actual Results		
				2013-14	2014-15	2015-16
First Nations and Inuit are collaborating with federal, provincial and territorial partners in the delivery of health programs and services.	# of new inter-jurisdictional health agreements or arrangements that address health system access, quality of care, or data sharing. (Baseline 0)	2	March 31, 2018	N/A*	N/A*	N/A*
	% of activities of the P/T trilateral health committees' joint work plans that are completed on time. (Baseline: First data collection has not yet occurred)	66	March 31, 2018	N/A*	N/A*	N/A*
First Nations and Inuit are able to influence and/or control (design, deliver and manage) health programs and services.	% of First Nations and Inuit communities assuming control over the design, delivery and management of health programs and services. (Baseline 70)	80	March 31, 2018	74.4	76.6	75

* Actual results are previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board *Policy on Results*.

Budgetary financial resources (dollars)

2017-18 Main Estimates	2017-18 Planned Spending	2018-19 Planned Spending	2019-20 Planned Spending
796,373,302	796,373,302	724,055,660	756,558,985

Note: The decrease in planned spending in 2018-19 is mainly due to the expiry of budgetary spending authorities related to the Accreditation program component of the funding to support First Nations and Inuit health programs and services, and Social Infrastructure. The Department would have to request funding for these initiatives for future years.

The increase in planned spending in 2019-20 is mainly due to the funding level increase related to the Tripartite Health Governance.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
187	170	170

Note: The decrease in planned FTEs is mainly due to the expiry of budgetary spending authorities related to the Accreditation program component of the funding to support First Nations and Inuit health programs and services, and Social Infrastructure. The Department would have to request funding for these initiatives for future years.

Information on Health Canada's lower-level programs can be found on Health Canada's website and in the TBS InfoBase.[iv]

Internal Services

Description

Internal services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. Internal services include only those activities and resources that apply across an organization, and not those provided to a specific program. The groups of activities are Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Services; Materiel Services; and Acquisition Services.

Planning highlights

Health Canada will undertake the following key initiatives in 2017-18 in the area of Internal Services. These initiatives will also help the Department manage risks related to maintaining an engaged and high-performing workforce and leveraging up-to-date technology as well as managing information and protecting IT infrastructure.

Management and Oversight Services will:

- In line with the Treasury Board *Policy on Results*, implement the new Departmental Results Framework (DRF) to support program management and resource allocation. Departmental results, based on performance information derived from the DRF, will be communicated clearly to Canadians through the new Departmental Results Plan (DRP). This will contribute to an enhanced understanding of the results Government seeks to achieve, does achieve, and the resources used to achieve them.

> Health Canada will deliver real results and professional government to Canadians. To ensure a strong focus on results, the Department will track and report on the progress of its commitments; assess the effectiveness of its work; and align its resources with priorities, in order to achieve the results Canadians deserve.

- Continue to use risk-based monitoring practices to ensure compliance with the Treasury Board Secretariat Policy on Internal Control.
- Continue to streamline business planning and reporting processes while implementing capabilities in SAP to integrate financial and non-financial information in order to improve access to performance measurement information for decision-making.

Communications Services will:

- Take a digital first approach to the development of innovative and creative communications advice, products and services that anticipate and respond to the evolving needs of Canadians for health and safety information. This will allow Health Canada to better connect with Canadians using the tools that they use such as social media and web;

- Strengthen integration and collaboration between communications and program functions to improve how Health Canada engages with and communicates to Canadians about their health and safety.

Human Resources Management Services:

To support the Minister's mandate letter commitment on merit-based appointments, gender parity and employment equity as well as Health Canada's organizational priority commitment to recruit, maintain and foster an engaged, high performing and diverse workforce, the Department will:

- Continue to implement the Multi-Year Strategy for Mental Health and Wellness in the Workplace by providing employees with workplace wellness training, tools and resources.
- Promote a corporate culture that supports workplace well-being, employment equity and healthy working relationships through initiatives such as the National Standard for Psychological Health and Safety in the Workplace and the Multi-Year Diversity and Employment Equity Plan and the Ombudsman, Integrity and Resolution Office's Strategic Plan 2017-2020.
- Enable a culture of high performance through employee career development, Post-Secondary Recruitment, the Performance Management Initiative and the continued implementation of the Canada School of Public Service learning model and Career Connexions.

In addition, Health Canada will continue to support employees and managers in resolving pay issues and concerns by providing advice and guidance, and liaising with Public Services and Procurement Canada.

Financial Management Services will:

- Continue the modernization of financial management practices and systems to meet emerging Central Agency and Departmental needs.

For more information on the Minister's mandate letter commitments, see the Prime Minister of Canada's Website.

Budgetary financial resources (dollars)

2017-18 Main Estimates	2017-18 Planned Spending	2018-19 Planned Spending[2]	2019-20 Planned Spending
286,918,200	286,918,200	248,785,416	243,116,232

Note: The decrease in planned spending in 2018-19 is mainly due to funding level reductions related to Taking Action on Air Pollution and the expiry of budgetary spending authorities related to the Indian Residential Schools Settlement Agreement, First Nations Water and Wastewater Action Plan, Social and Federal Infrastructure. The Department would have to request funding for these initiatives for future years.

The decrease in planned spending in 2019-20 is mainly due to the expiry of budgetary spending authorities related to Jordan's Principle - A Child-First Initiative and the Immediate Mental Wellness Interventions and Service Enhancements Initiative. The Department would have to request funding for these initiatives for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (full-time equivalents [FTEs])

2017–18 Planned FTEs	2018–19 Planned FTEs	2019–20 Planned FTEs
1,968	1,917	1,907

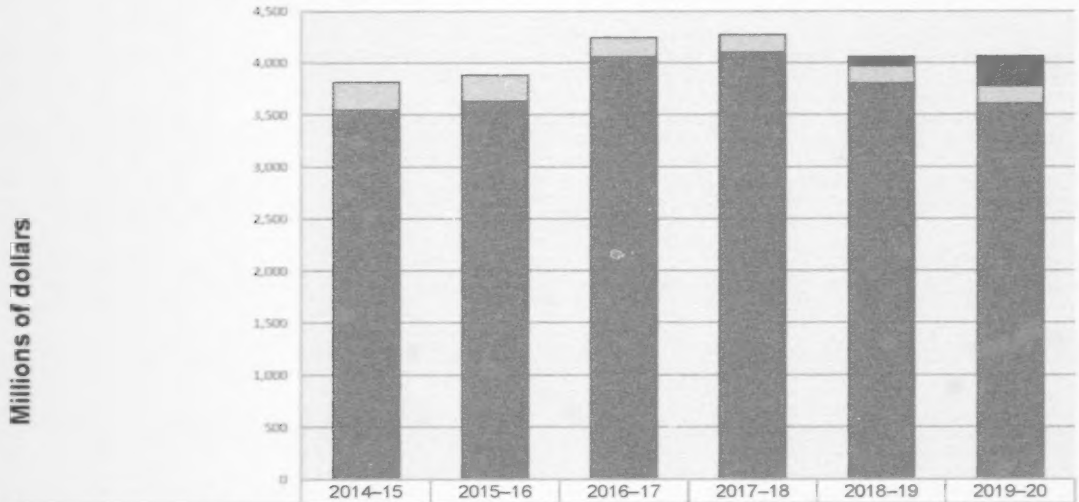
Note: The decrease in planned FTEs in 2018-19 is mainly due to funding level reductions related to Taking Action on Air Pollution and the expiry of budgetary spending authorities related to the Indian Residential Schools Settlement Agreement, First Nations Water and Wastewater Action Plan, Social and Federal Infrastructure. The Department would have to request funding for these initiatives for future years.

The decrease in planned FTEs in 2019-20 is mainly due to the expiry of budgetary spending authorities related to Jordan's Principle - A Child-First Initiative and the Immediate Mental Wellness Interventions and Service Enhancements Initiative. The Department would have to request funding for these initiatives for future years.

Spending and human resources

Planned spending

Departmental spending trend graph



	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
Sunset Programs – Anticipated	0	0	0	0	86	288
Statutory	271	254	182	171	168	168
Voted	3,543	3,627	4,056	4,097	3,800	3,604
Total	3,814	3,881	4,238	4,268	4,054	4,060

Budgetary planning summary for Programs and Internal Services (dollars)

Programs and Internal Services	2014-15 Expenditures	2015-16 Expenditures	2016-17 Forecast spending	2017-18 Main Estimates	2017-18 Planned Spending	2018-19 Planned Spending	2019-20 Planned Spending
Strategic Outcome 1: A health system responsive to the needs of Canadians							
1.1 Canadian Health System Policy	334,273,289	329,580,184	302,714,974	297,012,268	297,012,268	270,905,619	208,897,987
1.2 Specialized Health Services	13,650,940	15,260,199	18,685,517	18,326,068	18,326,068	18,325,874	18,325,874
1.3 Official Language Minority Community Development	36,653,712	37,221,431	38,093,638	35,328,730	35,328,730	35,326,730	35,328,730
Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians							
2.1 Health Products	166,617,222	145,641,623	146,526,028	147,322,313	147,322,313	147,770,952	146,970,903
2.2 Food Safety and Nutrition	66,365,087	63,941,395	72,945,421	67,881,855	67,881,855	67,333,133	67,174,417
2.3 Environmental Risks to Health	97,967,114	87,559,410	96,829,990	96,356,868	96,356,868	88,905,975	87,880,503
2.4 Consumer Product and Workplace Hazardous Materials	34,325,604	34,513,091	37,562,015	38,015,185	38,015,185	38,010,419	38,010,583
2.5 Problematic Substance Use (previously Substance Use and Misuse)	69,339,368	84,450,294	89,816,370	88,941,061	88,941,061	87,966,715	85,813,203
2.6 Radiation Protection	20,709,033	20,871,026	18,911,982	18,294,915	18,294,915	12,757,653	12,757,665
2.7 Pesticides	44,319,169	41,360,034	40,238,976	39,983,502	39,983,502	36,761,642	36,761,717
Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status							
3.1 First Nations and Inuit Primary Health Care	870,774,017	888,041,558	1,026,926,029	1,099,570,276	1,099,570,276	1,009,855,421	851,627,796

3.2 Supplementary Health Benefits for First Nations and Inuit	1,075,694,038	1,138,729,982	1,236,901,880	1,238,036,465	1,238,036,465	1,181,106,370	1,182,623,653
3.3 Health Infrastructure Support for First Nations and Inuit	640,190,204	672,276,324	778,191,444	796,373,302	796,373,302	724,055,660	756,558,985
Subtotal	**3,470,878,797**	**3,559,446,551**	**3,904,344,264**	**3,981,442,808**	**3,981,442,808**	**3,719,084,156**	**3,528,732,016**
Internal services	343,595,169	321,685,601	322,811,945	286,918,200	286,918,200	248,785,416	243,116,232
Total	3,814,473,966	3,881,132,152	4,237,836,209	4,268,361,008	4,268,361,008	3,967,869,572	3,771,848,248

For the 2014-15 to 2016-17 periods, total spending includes all Parliamentary appropriation sources: Main Estimates, Supplementary Estimates, and funding from various Treasury Board votes. For the 2017-18 to 2019-20 periods, total spending corresponds to planned spending where funding through Supplementary Estimates and carry forward adjustments are not reflected and hence totals for these years are lower.

The 2016-17 planned spending is greater than previous years actual spending due to increases in initiatives such as Jordan's Principle - A Child-First Initiative, Social Infrastructure, Non-insured Health Benefits for First Nations and Inuit, Infoway, Mental Wellness Interventions and Services Enhancements for First Nations and Inuit, and Federal Infrastructure.

In Budget 2013, the Government committed to stable funding and growth for supplementary health benefits for First Nations and Inuit. The total amount is confirmed annually based on the prior year's spending reported in the Public Accounts of Canada plus a growth factor. This growth factor is the main cause for the increase in planned spending for 2017-18.

The increase in 2017-18 is mainly due to funding level increases related to Jordan's Principle - A Child-First Initiative.

The decrease in planned spending in 2018-19 is mainly due to the expiry of budgetary spending authorities for the following initiatives: Social Infrastructure, certain components of funding to support First Nations and Inuit health programs and services, Indian Residential Schools Settlement Agreement, Federal Infrastructure, Canada Health Infoway, and First Nations Water and Wastewater Action Plan.

The decrease in planned spending in 2019-20 is mainly due to the expiry of budgetary spending authorities for Jordan's Principle - A Child-First Initiative, Mental Wellness Interventions and Services Enhancements for First Nations and Inuit, Canadian Foundation for Healthcare Innovation, and Mental Health Commission of Canada.

The Department would have to request funding for expiring initiatives for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Planned human resources

Human resources planning summary for Programs and Internal Services (full-time equivalents [FTEs])

Programs and Internal Services	2014-15 FTEs	2015-16 FTEs	2016-17 Forecast FTEs	2017-18 Planned FTEs	2018-19 Planned Spending	2019-20 Planned Spending
Strategic Outcome 1: A health system responsive to the needs of Canadians						
1.1 Canadian Health System Policy	182	175	238	238	238	238
1.2 Specialized Health Services	181	179	260	255	255	255
1.3 Official Language Minority Community Development	8	7	10	10	10	10
Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians						
2.1 Health Products	1,764	1,763	1,923	1,974	1,983	1,989
2.2 Food Safety and Nutrition	502	500	596	602	598	591
2.3 Environmental Risks to Health	588	561	712	720	683	682
2.4 Consumer Product and Workplace Hazardous Materials	295	290	295	305	305	305
2.5 Problematic Substance Use (previously Substance Use and Misuse)	409	476	393	415	415	404
2.6 Radiation	195	192	202	202	184	184

Protection						
2.7 Pesticides	416	428	461	489	464	464
Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status						
3.1 First Nations and Inuit Primary Health Care	1,361	1,337	1,447	1,436	1,346	1,321
3.2 Supplementary Health Benefits for First Nations and Inuit	449	473	385	460	460	460
3.3 Health Infrastructure Support for First Nations and Inuit	190	188	235	187	170	170
Subtotal	6,540	6,569	7,157	7,293	7,111	7,073
Internal services Subtotal	2,216	2,171	2,051	1,968	1,917	1,907
Total	**8,756**	**8,740**	**9,208**	**9,261**	**9,028**	**8,980**

For the 2014-15 and 2015-16 periods, full-time equivalents are based on actual expenditures on personnel. The 2016-17 period, is based on total authorities from all Parliamentary appropriation sources: Main Estimates, Supplementary Estimates. For the 2017-18 to 2019-20 periods, total spending corresponds to planned spending where funding through Supplementary Estimates and carry forward adjustments are not reflected and hence totals for these years are lower.

The variance between 2015-16 FTEs and 2016-17 forecast FTEs is mainly due to management's efforts to stabilize and control future salary requirements through personnel departures and delays in staffing vacant positions, and resources being realigned from initial plans in order to meet program needs. In addition, the calculation of planned FTE figures is based on programs using their full revenue authority.

The increase in FTEs in 2017-18 is mainly due to funding level increases related to Jordan's Principle - A Child-First Initiative and additional revenue authority for Pesticides.

Planned FTEs have decreased in 2018-19 mainly due to the expiry of authorities related to the Indian Residential Schools Settlement Agreement, First Nations Water and Wastewater Action Plan, Social Infrastructure, Federal Infrastructure, and Taking Action on Air Pollution.

Planned FTEs have decreased in 2019-20 mainly due to the expiry of authorities related to Jordan's Principle - A Child-First Initiative, Mental Wellness Interventions and Services

Enhancements for First Nations and Inuit First Nations, and Preventing Problematic Prescription Drug Use.

The Department would have to request funding for expiring initiatives for future years.

Estimates by votes

For information on Health Canada's organizational appropriations, consult the 2017-18 Main Estimates.[v]

Future-Oriented Condensed Statement of Operations[vi]

The Future-Oriented Condensed Statement of Operations provides a general overview of Health Canada's operations. The forecast of financial information on expenses and revenues is prepared on an accrual accounting basis to strengthen accountability and to improve transparency and financial management.

Because the Future-Oriented Condensed Statement of Operations is prepared on an accrual accounting basis, and the forecast and planned spending amounts presented in other sections of the Departmental Plan are prepared on an expenditure basis, amounts may differ.

A more detailed Future-Oriented Statement of Operations and associated notes, including a reconciliation of the net cost of operations to the requested authorities, are available on Health Canada's website.

Future-Oriented Condensed Statement of Operations
For the Year Ended March 31, 2018
(dollars)

Financial Information	2016–17 Forecast results	2017–18 Planned results	Difference (2017–18 Planned results minus 2016–17 Forecast results)
Total expenses	4,630,370,677	4,468,853,657	(161,517,020)
Total revenues	341,212,484	207,776,712	(133,435,772)
Net cost of operations before government funding and transfers	4,289,158,193	4,261,076,945	(28,081,248)

Health Canada is projecting $4,468.9M in expenses based on 2017-18 Main Estimates and accrual information. This amount does not include future supplementary estimates. It represents a decrease of $161.5M from 2016-17 projections.

This decrease is primarily attributable to:

- operating and capital budget carry forwards calculated on 2015-16 operational results are included in the 2016-17 revised forecast, but not included in 2017-18 planned spending;
- contingent liabilities that have been recognized in 2016-17; and,

- the expiry of budgetary spending authorities for certain initiatives where the Department would have to request funding for these initiatives for future years.

These decreases are partially offset by increases for:

- growth in the First Nations and Inuit Health programs and services; and,
- increase in funding to implement interim federal policy reforms related to Jordan's Principle – A Child-First Initiative.

The 2017-18 planned expenses by Strategic Outcome are as follows:

- A health system responsive to the needs of Canadians ($376.4M);
- Health risks and benefits associated with food, products, substances and environmental factors are appropriately managed and communicated to Canadians ($684.8M);
- First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status ($3,148.0M); and,
- Internal services ($260.2M).

Health Canada receives most of its funding through annual Parliamentary appropriations. Health Canada's revenue is generated by program activities that support the above-noted Strategic Outcomes. Health Canada projects total revenues in 2017-18 to be $207.8M, representing a decrease of $133.4M from 2016-17 projections due primarily to the expiry of vote netted revenue authorities to support the British Columbia Tripartite Framework agreement.

Main sources of revenues by type are as follows:

- Services of a regulatory nature ($61.6M);
- Rights and privileges ($70.5M); and,
- Services of a non-regulatory nature ($87.5M).

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Supplementary information

Corporate information

Organizational profile

Appropriate Minister: The Honourable Dr. Jane Philpott, P.C., M.P.

Institutional Head: Simon Kennedy

Ministerial Portfolio: Health

Enabling Instruments

Canada Health Act[vii], *Canada Consumer Product Safety Act*[viii],, *Controlled Drugs and Substances Act*[ix], *Food and Drugs Act*[x], *Tobacco Act*[xi], *Hazardous Products Act*[xii], *Hazardous Materials Information Review Act*[xiii], *Department of Health Act*[xiv], *Radiation Emitting Devices Act*[xv], *Pest Control Products Act*[xvi].

List of Acts and Regulations[xvii]

Year of Incorporation / Commencement: 1913

Other: Canadian Food Inspection Agency joined the Health Portfolio in October 2013.

Reporting framework

Health Canada's Strategic Outcomes and Program Alignment Architecture (PAA) of record for 2017–18 are shown below:

1 **Strategic Outcome:** A health system responsive to the needs of Canadians
- 1.1 **Program:** Canadian Health System Policy
  - 1.1.1 **Sub-Program:** Health System Priorities
  - 1.1.2 **Sub-Program:** *Canada Health Act* Administration
- 1.2 **Program:** Specialized Health Services
- 1.3 **Program:** Official Language Minority Community Development

2 **Strategic Outcome:** Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians
- 2.1 **Program:** Health Products
  - 2.1.1 **Sub-Program:** Pharmaceutical Drugs
  - 2.1.2 **Sub-Program:** Biologics and Radiopharmaceuticals
  - 2.1.3 **Sub-Program:** Medical Devices
  - 2.1.4 **Sub-Program:** Natural Health Products
- 2.2 **Program:** Food Safety and Nutrition
  - 2.2.1 **Sub-Program:** Food Safety
  - 2.2.2 **Sub-Program:** Nutrition Policy and Promotion
- 2.3 **Program:** Environmental Risks to Health
  - 2.3.1 **Sub-Program:** Air Quality
  - 2.3.2 **Sub-Program:** Water Quality

- 2.3.3 **Sub-Program:** Health Impacts of Chemicals
- 2.4 **Program:** Consumer Product and Workplace Hazardous Materials
  - 2.4.1 **Sub-Program:** Consumer Product Safety
  - 2.4.2 **Sub-Program:** Workplace Hazardous Materials
- 2.5 **Program:** Problematic Substance Use (previously Substance Use and Misuse)
  - 2.5.1 **Sub-Program:** Tobacco Control
  - 2.5.2 **Sub-Program:** Controlled Substances
- 2.6 **Program:** Radiation Protection
  - 2.6.1 **Sub-Program:** Environmental Radiation Monitoring and Protection
  - 2.6.2 **Sub-Program:** Radiation Emitting Devices
  - 2.6.3 **Sub-Program:** Dosimetry Services
- 2.7 **Program:** Pesticides

3 **Strategic Outcome:** First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status

- 3.1 **Program:** First Nations and Inuit Primary Health Care
  - 3.1.1 **Sub-Program:** First Nations and Inuit Health Promotion and Disease Prevention
    - 3.1.1.1 **Sub-Sub-Program:** Healthy Child Development
    - 3.1.1.2 **Sub-Sub-Program:** Mental Wellness
    - 3.1.1.3 **Sub-Sub-Program:** Healthy Living
  - 3.1.2 **Sub-Program:** First Nations and Inuit Public Health Protection
    - 3.1.2.1 **Sub-Sub-Program:** Communicable Disease Control and Management
    - 3.1.2.2 **Sub-Sub-Program:** Environmental Public Health
  - 3.1.3 **Sub-Program:** First Nations and Inuit Primary Care
    - 3.1.3.1 **Sub-Sub-Program:** Clinical and Client Care
    - 3.1.3.2 **Sub-Sub-Program:** Home and Community Care
    - 3.1.3.3 **Sub-Sub-Program:** *Jordan's Principle – A Child First Initiative*
- 3.2 **Program:** Supplementary Health Benefits for First Nations and Inuit
- 3.3 **Program:** Health Infrastructure Support for First Nations and Inuit
  - 3.3.1 **Sub-Program:** First Nations and Inuit Health System Capacity
    - 3.3.1.1 **Sub-Sub-Program:** Health Planning and Quality Management
    - 3.3.1.2 **Sub-Sub-Program:** Health Human Resources
    - 3.3.1.3 **Sub-Sub-Program:** Health Facilities
  - 3.3.2 **Sub-Program:** First Nations and Inuit Health System Transformation
    - 3.3.2.1 **Sub-Sub-Program:** Health Systems Integration
    - 3.3.2.2 **Sub-Sub-Program:** e-Health Infostructure
  - 3.3.3 **Sub-Program:** Tripartite Health Governance

Internal Services

- **IS 1:** Management and Oversight Services
- **IS 2:** Communications Services
- **IS 3:** Legal Services
- **IS 4:** Human Resources Management Services

IS 5: Financial Management Services
IS 6: Information Management Services
IS 7: Information Technology Services
IS 8: Real Property Services
IS 9: Materiel Services
IS 10: Acquisition Services

Supporting Information on Lower-Level Programs

Supporting information on lower-level programs is available on Health Canada's website[xviii] and in the TBS InfoBase.

Supplementary Information Tables

The following supplementary information tables are available on Health Canada's website.[xix]

- Details on transfer payment programs of $5M or more
- Disclosure of transfer payment programs under $5M
- Horizontal initiatives
- Status report on transformational and major Crown projects
- Upcoming evaluations over the next five fiscal years
- Upcoming internal audits for the coming fiscal year
- Up front multiyear funding
- User fees and regulatory charges

Federal Tax Expenditures

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deduction, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures annually in the Report of Federal Tax Expenditures[xx]. This report also provides details background information on tax expenditures, including descriptions, objectives, historical information and references to related deferral spending programs. The tax measures presented in this report are the responsibility of the Minister of Finance.

Organizational contact information

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Appendix [A]: definitions

Appropriation (crédit)

Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

Budgetary expenditures (dépenses budgétaires)

Operating and capital expenditures; transfer payments to other levels of Government, organizations or individuals; and payments to Crown corporations.

Core Responsibility (responsabilité essentielle)

An enduring function or role performed by a department. The intentions of the department with respect to a Core Responsibility are reflected in one or more related Departmental Results that the department seeks to contribute to or influence.

Departmental Plan (Plan ministériel)

Provides information on the plans and expected performance of appropriated departments over a three-year period. Departmental Plans are tabled in Parliament each spring.

Departmental Result (résultat ministériel)

A Departmental Result represents the change or changes that the department seeks to influence. A Departmental Result is often outside departments' immediate control, but it should be influenced by program-level outcomes.

Departmental Result Indicator (indicateur de résultat ministériel)

A factor or variable that provides a valid and reliable means to measure or describe progress on a Departmental Result.

Departmental Results Framework (cadre ministériel des résultats)

Consists of the department's Core Responsibilities, Departmental Results and Departmental Result Indicators.

Departmental Results Report (Rapport sur les résultats ministériels)

Provides information on the actual accomplishments against the plans, priorities and expected results set out in the corresponding Departmental Plan.

Full-time equivalent (équivalent temps plein)

A measure of the extent to which an employee represents a full person-year charge against a departmental budget. FTEs are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

Government-wide priorities (priorités pangouvernementales)

For the purpose of the 2017-18 Departmental Plan, Government-wide priorities refers to those high-level themes outlining the Government's agenda in the 2015 Speech from the Throne, namely: Growth for the Middle Class; Open and Transparent Government; A Clean Environment and a Strong Economy; Diversity is Canada's Strength; and Security and Opportunity.

Horizontal initiatives (initiative horizontale)

A horizontal initiative is one in which two or more federal organizations, through an approved funding agreement, work toward achieving clearly defined shared outcomes, and which has been designated (e.g. by Cabinet, a central agency, etc.) as a horizontal initiative for managing and reporting purposes.

Management, Resources and Results Structure (Structure de la gestion, des ressources et des résultats)

A comprehensive framework that consists of an organization's inventory of programs, resources, results, performance indicators and governance information. Programs and results are depicted in their hierarchical relationship to each other and to the Strategic Outcome(s) to which they contribute. The Management, Resources and Results Structure is developed from the Program Alignment Architecture.

Non-budgetary expenditures (dépenses non budgétaires)

Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

Performance (rendement)

What an organization did with its resources to achieve its results, how well those results compare to what the organization intended to achieve, and how well lessons learned have been identified.

Performance indicator (indicateur de rendement)

A qualitative or quantitative means of measuring an output or outcome, with the intention of gauging the performance of an organization, program, policy or initiative respecting expected results.

Performance reporting (production de rapports sur le rendement)

The process of communicating evidence-based performance information. Performance reporting supports decision making, accountability and transparency.

Planned spending (dépenses prévues)

For Departmental Plans and Departmental Results Reports, planned spending refers to those amounts that receive Treasury Board approval by February 1. Therefore, planned spending may include amounts incremental to planned expenditures presented in the Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their Departmental Plans and Departmental Results Reports.

Plans (plan)

The articulation of strategic choices, which provides information on how an organization intends to achieve its priorities and associated results. Generally a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead up to the expected result.

Priorities (priorité)

Plans or projects that an organization has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired Strategic Outcome(s).

Program (programme)

A group of related resource inputs and activities that are managed to meet specific needs and to achieve intended results and that are treated as a budgetary unit.

Program Alignment Architecture (architecture d'alignement des programmes)

A structured inventory of an organization's programs depicting the hierarchical relationship between programs and the Strategic Outcome(s) to which they contribute.

Results (résultat)

An external consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program or initiative; instead they are within the area of the organization's influence.

Statutory expenditures (dépenses législatives)

Expenditures that Parliament has approved through legislation other than appropriation acts. The legislation sets out the purpose of the expenditures and the terms and conditions under which they may be made.

Strategic Outcome (résultat stratégique)

A long-term and enduring benefit to Canadians that is linked to the organization's mandate, vision and core functions.

Sunset program (programme temporisé)

A time-limited program that does not have an ongoing funding and policy authority. When the program is set to expire, a decision must be made whether to continue the program. In the case of a renewal, the decision specifies the scope, funding level and duration.

Target (cible)

A measurable performance or success level that an organization, program or initiative plans to achieve within a specified time period. Targets can be either quantitative or qualitative.

Voted expenditures (dépenses votées)

Expenditures that Parliament approves annually through an Appropriation Act. The Vote wording becomes the governing conditions under which these expenditures may be made.

Endnotes

[i] Treasury Board of Canada Secretariat: https://www.canada.ca/en/treasury-board-secretariat.html

[ii] Prime Minister of Canada's website: http://pm.gc.ca/eng/mandate-letters

[iii] Client Services, Special Surveys Division: https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey.html

[iv] TBS InfoBase: https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html

[v] 2017-18 Main Estimates: http://www.tbs-sct.gc.ca/hgw-cgf/finances/pgs-pdg/gepme-pdgbpd/index-eng.asp

[vi] Future-Oriented Condensed Statement of Operations https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/report-plans-priorities/2017-2018-future-oriented-statement-operations.html

[vii] *Canada Health Act*, http://laws-lois.justice.gc.ca/eng/acts/C-6/

[viii] *Canada Consumer Product Safety Act*, http://laws-lois.justice.gc.ca/eng/acts/c-1.68/

[ix] *Controlled Drugs and Substances Act*, http://laws-lois.justice.gc.ca/eng/acts/c-38.8/

[x] *Food and Drugs Act*, http://laws.justice.gc.ca/eng/acts/F-27/

[xi] *Tobacco Act*, http://laws-lois.justice.gc.ca/eng/acts/T-11.5/

[xii] *Hazardous Products Act*, http://laws-lois.justice.gc.ca/eng/acts/H-3/index.html

[xiii] *Hazardous Materials Information Review Act*, http://laws-lois.justice.gc.ca/eng/acts/H-2.7/

[xiv] *Department of Health Act*, http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html

[xv] *Radiation Emitting Devices Act*, http://laws-lois.justice.gc.ca/eng/acts/R-1/

[xvi] *Pest Control Products Act*, http://laws-lois.justice.gc.ca/eng/acts/P-9.01/

[xvii] List of Acts and Regulations: http://www.hc-sc.gc.ca/ahc-asc/legislation/acts-reg-lois/acts-reg-lois-eng.php

[xviii] Supporting information on lower-level programs: https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2017-2018-supporting-information-lower-level-programs.html

[xix] Supplementary Information Tables: https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2017-2018-supplemental-information-tables.html

[xx] Report on Federal Tax Expenditures: http://www.fin.gc.ca/purl/taxexp-eng.asp